

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L10000036567
FILED 8:00 AM
April 05, 2010
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:

W & W PHYSICIAN PRACTICE MANAGEMENT, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

30711 SADDLEBAG TRAIL
MYAKKA CITY, FL. US 34251

The mailing address of the Limited Liability Company is:

30711 SADDLEBAG TRAIL
MYAKKA CITY, FL. US 34251

Article III

The purpose for which this Limited Liability Company is organized is:

PHYSICIAN PRACTICE MANAGEMENT AND BILLING SERVICES

Article IV

The name and Florida street address of the registered agent is:

KAREN WILLIAMS
30711 SADDLEBAG TRAIL
MYAKKA CITY, FL. 34251

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: KAREN WILLIAMS

Article V

The name and address of managing members/managers are:

Title: MGRM
KAREN WILLIAMS
30711 SADDLEBAG TRAIL
MYAKKA CITY, FL. 34251 US

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Article VI

The effective date for this Limited Liability Company shall be:

04/05/2010

Signature of member or an authorized representative of a member

Signature: KAREN E. WILLIAMS