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FLORIDA LIMITED LIABILITY CO.
M.D. Weight Loss, LLC

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EXAMINER

AUDIT NO. H10000246338 3

**ARTICLES OF ORGANIZATION
OF
M.D. WEIGHT LOSS, LLC**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE 1

The name of the Limited Liability Company is M.D. Weight Loss, LLC.

ARTICLE 2

The Limited Liability Company's period of duration shall be perpetual.

ARTICLE 3

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

12670 New Brittany Blvd., Suite 101
Fort Myers, FL 33907

The mailing address of the Limited Liability Company is:

c/o John M. Wicker
Costello, Royston & Wicker, LLP
P.O. Drawer 60205
Fort Myers, FL 33906

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ARTICLE 4

The name and street address of the initial registered agent in Florida shall be:

<u>Name</u>	<u>Address</u>
John M. Wicker	12670 New Brittany Blvd., Suite 101 Fort Myers, FL 33907

ARTICLE 5

The management of the Limited Liability Company shall be initially managed by a committee comprised of the Members or their representatives whose respective names and addresses are:

Prepared by: John M. Wicker Fla. Bar No. 28637	COSTELLO, ROYSTON & WICKER, LLP P.O. Drawer 60205, Fort Myers, FL, 33906 (239) 939-2222 (voice) (239) 939-2280 (facsimile)
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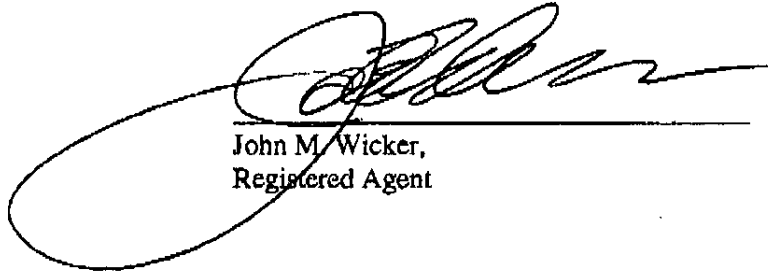
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ACCEPTANCE OF DUTIES OF REGISTERED AGENT

Having been named to act as Registered Agent to accept service of process for the above named Limited Liability Company, at the place designated in these Articles of Organization, and being familiar with the obligations of this position, I hereby accept the duties of registered agent, agree to act in this capacity, and I further agree to comply with the provisions of Florida law relative to the proper and complete performance of my duties.

IN WITNESS WHEREOF, the undersigned has executed the foregoing Acceptance of Duties of Registered Agent of the M.D. Weight Loss, LLC, and acknowledged them to be his act on this the 12th day of November, 2010.



John M. Wicker,
Registered Agent

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