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_____
(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Family Practice & Internal Medicine of The Palm Beaches, LLC
_____
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jack F. Halickman, M.D.
_____
(Name of Person)

Family Practice & Internal Medicine of The Palm Beaches, LLC
_____
(Firm/Company)

102 Olivera Way
_____
(Address)

Palm Beach Gardens, FL 33418
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

Doreen Bonadies Halickman   at (561   ) 626-0322
_____   _____
(Name of Person)   (Area Code & Daytime Telephone Number)

STREET ADDRESS: **MAILING ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
409 E. Gaines Street   P.O. Box 6327
Tallahassee, Florida 32399   Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Family Practice & Internal Medicine of The Palm Beaches, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3401 PGA Boulevard, Suite 330

Palm Beach Gardens, FL 33418

Mailing Address:

102 Olivera Way

Palm Beach Gardens, FL 33418

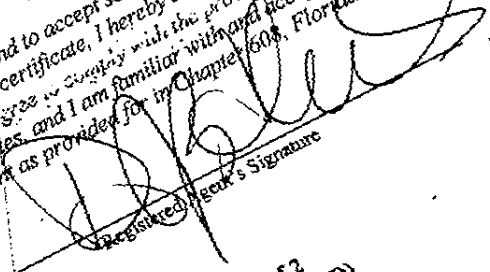**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**
The name and the Florida street address of the registered agent are:

Doreen Bonadies Halickman
Name

102 Olivera Way
Florida street address (P.O. Box **NOT** acceptable)

Palm Beach Gardens   FLORIDA   33418
City, State, and Zip

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 as provided for in Chapter 608, Florida Statutes.

Registered Agent's Signature

Page 1 of 2
(CONTINUED)