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LIMITED LIABILITY COMPANY

Joan D. O'Leary, M.D., P.L.

Certificate of Status	0
Certified Copy	0
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**ARTICLES OF ORGANIZATION
OF
PROFESSIONAL LIMITED LIABILITY COMPANY
OF
JOAN D. O'LEARY, M.D., P.L.**

These Articles of Organization are submitted for the purpose of forming a professional limited liability company pursuant to the Florida Professional Service Corporations and Limited Liability Company Act, Chapter 621, Florida Statutes, as the same may from time to time be amended (the "Act").

ARTICLE I

NAME

The name of the professional limited liability company (the "Company") is:

JOAN D. O'LEARY, M.D., P.L.

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ARTICLE II

TERM

The existence of the Company shall commence upon filing of these Articles of Organization with the Florida Department of State and its existence shall be perpetual.

ARTICLE III

ADDRESSES

The initial mailing address of the Company is 12143 Dividing Oaks Trail East, Jacksonville, Florida 32223. The initial street address of the principal office of the Company is 12143 Dividing Oaks Trail East, Jacksonville, Florida 32223.

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ARTICLE IV

REGISTERED AGENT

The name and street address of the initial registered agent of the Company are as follows:

William A. O'Leary, Esquire
1301 Riverplace Boulevard
Suite 1500
Jacksonville, Florida 32207


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ARTICLE V

LIMITED LIABILITY

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

IN WITNESS WHEREOF, the undersigned, being a Member of the Company has executed these Articles of Organization this 23RD day of February, 2000.

By: 
WILLIAM A. O'LEARY, ESQUIRE
AUTHORIZED REPRESENTATIVE OF A MEMBER OF
JOAN D. O'LEARY, M.D., P.L.

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED PROFESSIONAL LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the professional limited liability company is:

JOAN D. O'LEARY, M.D., P.L.


- 2. The name and the Florida street address of the registered agent are:

William A. O'Leary, Esquire
1301 Riverplace Boulevard
Suite 1500
Jacksonville, Florida 32207

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Having been named as registered agent and to accept service of process for the above stated professional 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.

Signature of Registered Agent



WILLIAM A. O'LEARY, ESQUIRE

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