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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)922-4003

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212)431-5000
Fax Number : (212)431-1441

LIMITED LIABILITY COMPANY

Association of Multi-Disciplinary Practitioners, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - NAME:

The name of the Limited Liability Company is:
Association of Multi-Disciplinary Practitioners, LLC

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is: **2255 Glades Road, Suite 422A, Boca Raton, FL 33431.**

ARTICLES III - DURATION:

The period of duration for the Limited Liability Company shall be: **Perpetual.**

ARTICLE IV - MANAGEMENT:

The Limited Liability Company is to be managed by the members and the name and addresses of the managing members are: **Paul Labiner, 2255 Glades Road, Suite 422A, Boca Raton, FL 33431; Max Gutterman, 2231 Mulholland Hwy., Suite 203, Calabasas, CA 91302; Robert Ritter, Jr., 2336 Stone Valley Road, Alamo, CA 94507**

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: **Member shall have the right to continue the business in the event of the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member.**

umbergExcelsior Corp. Services, Inc.
White Street, 2nd Floor
w York, NY 10013
12431-5000 x 527

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT OF THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED
UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT
IN THE STATE OF FLORIDA.

1. THE NAME OF THE LIMITED LIABILITY COMPANY IS: _____

Association of Multi-Disciplinary Practitioners, LLC

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS: _____

Paul Labiner, Esq.
(NAME)

2255 Glades Road, Suite 422A
(P.O. BOX or MAIL DROP BOX NOT ACCEPTABLE)

Boca Raton, FL 33431
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICES OF
PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE
PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINT-
MENT 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.

Paul Labiner
(SIGNATURE)

April 18, 2000
(DATE)

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White Street, 2nd Floor
York, NY 10013
12) 431-5000

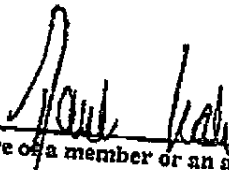
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Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Paul Labiner, Esq.

Typed or printed name of signee

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

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