CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Atternal Medicine Associates of Bayonet Point, P.L.	5000033942355 -09/15/0001032019 ****160.00 ****160.00
Signature Requested by: Name P:55 Date Time	Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Photo Copy Certificate of Good Standing Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Owner Search Vehicle Search Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Search UCC 11 Retrieval
Walk-In Will Pick Up	Courier



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 15, 2000

CAPITAL CONNECTION, INC.

SUBJECT: INTERNAL MEDICINE ASSOCIATES OF BAYONET POINT, P.L. Ref. Number: W00000022657

We have received your document for INTERNAL MEDICINE ASSOCIATES OF BAYONET POINT, P.L. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following:

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Trevor Brumbley Document Specialist

Letter Number: 500A00048878

ARTICLES OF ORGANIZATION OF

INTERNAL MEDICINE ASSOCIATES OF BAYONET POINT, P.L.

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 607, 608, and 621 hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME:

The name of the limited liability company shall be:

INTERNAL MEDICINE ASSOCIATES OF BAYONET POINT, P.L. ("company")

The specific purpose of this company is to practice internal medicine.

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the company shall be:

7614 Jacque Road, Suite C. Hudson, Florida 34667

ARTICLE III - REGISTERED OFFICE AND AGENT

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

Peter A. Napolitano, Esq. 7617 Little Road New Port Richey, Florida 34654

Having been named as the 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, F.S.

Peter A. Napolitano, Esq. Registered Agent

ARTICLE IV - MANAGEMENT(Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

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.)

PETER- A - No. POLITAND, ESS Typed or printed name of signee