

L000000014531

TRANSMITTAL MEMORANDUM

To: Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32314

Date: November 13, 2000

MJH

Re: ORLANDO MEDICAL &
PSYCHIATRIC RESEARCH LLC

File No. W-50,828

DOCUMENTS OR PAPERS LISTED BELOW ARE ENCLOSED:

1. Original Articles of Organization.
2. Check for \$155.00, covering;
\$100.00 Filing Fee
25.00 Registered Agent
30.00 Certified Copy

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***155.00 ***155.00

PLEASE TAKE THE FOLLOWING ACTION:

Please file the Articles and return one certified copy to us
as soon as possible.

THANK YOU.

STENSTROM, McINTOSH, COLBERT, WHIGHAM & SIMMONS, P.A.
Attorneys at Law
Suite 22, Sun Bank
Post Office Box 4848
Sanford, Florida 32772-4848
Telephone: (407) 322-2171
Orlando Exchange: (407) 834-5119
FAX: (407) 330-2379

/s/ FRANK C. WHIGHAM

FRANK C. WHIGHAM, ESQUIRE

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ARTICLES OF ORGANIZATION
OF
ORLANDO MEDICAL & PSYCHIATRIC RESEARCH, LLC

I, the undersigned, as the authorized representative of the sole member of the Company and as organizer of this limited liability company, under the Florida Limited Liability Company Act, adopt the following Articles of Organization for such limited liability company:

ARTICLE I
NAME

The name of the limited liability company shall be **ORLANDO MEDICAL & PSYCHIATRIC RESEARCH, LLC**.

ARTICLE II
PRINCIPAL OFFICE AND MAILING ADDRESS

The address of the principal office of this limited liability company is **1012 Nodding Pines Way, Casselberry, FL 32707**, and the mailing address shall be the same. This limited liability company shall have the power and authority to establish branch offices at any other place or places as the members may designate.

ARTICLE III
INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the limited liability company is **200 W. First St., Suite 22, Sanford, FL 32771**, and the name of the company's initial registered agent at that address is **FRANK C. WHIGHAM**.

ARTICLE IV
MEMBERS AND MANAGEMENT

The management of the company is reserved a Manager who is appointed by the members of the company. The power to adopt, alter, amend or repeal the regulations of this limited liability company shall be vested in the members of the company.

The name and address of the sole member of the company is:

Leila H. Braswell
1012 Nodding Pines Way
Casselberry, FL 32707

No additional members shall be admitted unless all members, (including any additional members other than original members) shall unanimously agree, and on such terms and conditions as shall be agreed unanimously.

The death, retirement, resignation, expulsion, bankruptcy or dissolution of any member, or the occurrence of any event which terminates the continued membership of a member of this limited liability company, shall terminate this company, unless the remaining members shall unanimously agree to continue the business of the company, in which event, this company shall not so terminate.

ARTICLE V
DURATION

The period of duration for this limited liability company shall be perpetual from the date of issuance of a Certificated of Organization by the State of Florida.

IN WITNESS WHEREOF, the undersigned organizer has executed these Articles of Organization of **ORLANDO MEDICAL & PSYCHIATRIC RESEARCH, LLC** on this 13th day of November, 2000.

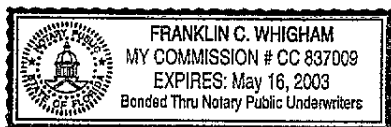
Leila H. Braswell
Leila H. Braswell

STATE OF FLORIDA)
COUNTY OF SEMINOLE)

The foregoing instrument was acknowledged before me by **LEILA H. BRASWELL**, personally known to me, or who provided Florida Drivers License as identification, this 13th day of November, 2000.

(Affix notarial seal)

Franklin C. Whigham
Notary Public-State of Florida
Print Name: Franklin C. Whigham



STATEMENT DESIGNATING REGISTERED AGENT AND OFFICE

STATE OF FLORIDA)
COUNTY OF FLORIDA)

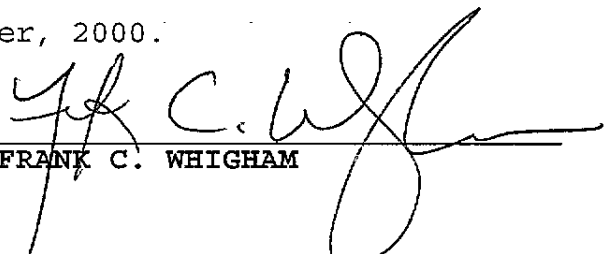
Pursuant to the provisions of Section 608.415 of the Florida Limited Liability Company Act, the limited liability company identified below submits the following statement in designating its registered office and registered agent in the State of Florida.

1. The name of the limited liability company is **ORLANDO MEDICAL & PSYCHIATRIC RESEARCH, LLC**.

2. The name of the registered agent for **ORLANDO MEDICAL & PSYCHIATRIC RESEARCH, LLC**, is **FRANK C. WHIGHAM**, and the street address of the company's principal office where the agent is located is 200 W. First St., Suite 22, Sanford, FL 32771.

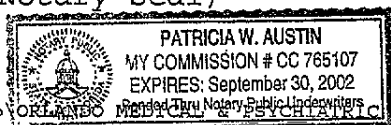
3. This statement is to acknowledge that, as indicated above, **ORLANDO MEDICAL & PSYCHIATRIC RESEARCH, LLC**, has appointed me, **FRANK C. WHIGHAM**, as its registered agent to accept service of process for the company at the place designated above in this certificate. I accept this appointment as registered 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.

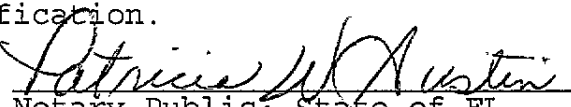
Dated this 13th day of November, 2000.


FRANK C. WHIGHAM

The foregoing instrument was acknowledged before me this 13 day of November, 2000, by **FRANK C. WHIGHAM**, agent on behalf of **ORLANDO MEDICAL & PSYCHIATRIC RESEARCH, LLC**, a limited liability company. He is personally known to me or provided Florida Drivers license as identification.

(Affix Notary Seal)




Notary Public, State of FL
Print Name: PATRICIA W. AUSTIN

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