Division of Corporations

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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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LIMITED LIABILITY COMPANY

John G. Shedd, M.D., FACEP, PLC

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ARTICLES OF ORGANIZATION

<u>OF</u>

JOHN G. SHEDD, M.D., FACEP, PLC

The undersigned, for the purpose of forming a professional limited liability company under the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, and the Professional Service Corporation Limited Liability Company Act, Chapter 621, *Florida Statutes*, hereby executes the following Articles of Organization.

ARTICLE I. NAME

The name of the Limited Liability Company is: John G. Shedd, M.D., FACEP, PLC

ARTICLE II. ADDRESS

The street address and the mailing address of the principal office of the Company is: 4525 N.W. 82nd Court, Ocala, Florida 34482.

ARTICLE III. REGISTERED OFFICE AND AGENT

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

John G. Shedd, M.D., FACEP 4525 N.W. 82nd Court Ocala, Florida 34482

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ARTICLE IV. PURPOSE

This is a professional limited liability company organized to practice medicine and all members shall be licensed physicians.

IN WITNESS WHEREOF, the undersigned Member has executed these Articles of Organization on this <u>Ste</u> day of December, 2000.

hh G. Shedd, M.D., FACEP

Member

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(In accordance with Section 608.408(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, Florida Statutes.

ohn G. Shedd, M.D., FACEP

Registered Agent

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