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ACCOUNT NO. : 072100000032

REFERENCE : 230510 80573A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : November 27, 2001

ORDER TIME : 12:22 PM

ORDER NO. : 230510-005

CUSTOMER NO: 80573A

CUSTOMER: Edward A. Millis, Esq
Millis & Jenkins

Suite 4
1414 West Granada Boulevard
Ormond Beach, FL 32174

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-11/27/01--01072--004
****155.00 ****155.00

APPROVE
AND
FILED

01 NOV 27 11 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: COASTAL INTERNAL MEDICINE
SPECIALISTS, L.L.C.

EFFECTIVE DATE:

- _____ ARTICLES OF INCORPORATION
- _____ CERTIFICATE OF LIMITED PARTNERSHIP
- XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX _____ CERTIFIED COPY
- _____ PLAIN STAMPED COPY
- _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - EXT. 1133

EXAMINER'S INITIALS:

RECEIVED
01 NOV 27 PM 1:52
DIVISION OF CORPORATION

JB
11-27-01

**ARTICLES OF ORGANIZATION
OF
COASTAL INTERNAL MEDICINE SPECIALISTS, L.L.C.**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

Article I - Name

The name of the liability Company shall be: **Coastal Internal Medicine Specialists, L.L.C.**

Article II - Address

The mailing address and street address of the principal office of the company is: 800 Sterthaus Avenue – Suite B, Ormond Beach, FL 32174.

Article III - Duration

The company shall have perpetual existence.

Article IV - Registered Office and Agent

The name and street address of the registered office and registered agent's are:

Michael Dimayuga
800 Sterthaus Avenue – Suite B
Ormond Beach, FL 32174

Having been named as 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.



Michael Dimayuga
Registered Agent

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these articles of organization at Ormond Beach, Florida, on November 26, 2001.

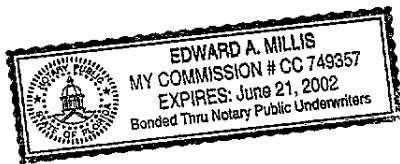


Michael Dimayuga

Sworn to and subscribed before me this 26th day of November, 2001 by Michael Dimayuga who is personally known to me - or - who produced _____ as identification.



Notary Public, State of Florida
My Commission expires:



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AND
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TALLAHASSEE, FLORIDA