

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

**LO100000073B1**

Irvine Medical Health  
Affiliates LLC

500004192315--7  
-05/10/01--01009--003  
\*\*\*\*155.00 \*\*\*\*155.00

Art of Inc. File \_\_\_\_\_  
LTD Partnership File \_\_\_\_\_  
Foreign Corp. File \_\_\_\_\_  
☒ L.C. File Cert \_\_\_\_\_  
Fictitious Name File \_\_\_\_\_  
Trade/Service Mark \_\_\_\_\_  
Merger File \_\_\_\_\_  
Art. of Amend. File \_\_\_\_\_  
RA Resignation \_\_\_\_\_  
Dissolution / Withdrawal \_\_\_\_\_  
Annual Report / Reinstatement \_\_\_\_\_  
☒ Cert. Copy \_\_\_\_\_  
Photo Copy \_\_\_\_\_  
Certificate of Good Standing \_\_\_\_\_  
Certificate of Status \_\_\_\_\_  
Certificate of Fictitious Name \_\_\_\_\_  
Corp Record Search \_\_\_\_\_  
Officer Search \_\_\_\_\_  
Fictitious Search \_\_\_\_\_  
Fictitious Owner Search \_\_\_\_\_  
Vehicle Search \_\_\_\_\_  
Driving Record \_\_\_\_\_  
UCC 1 or 3 File \_\_\_\_\_  
UCC 11 Search \_\_\_\_\_  
UCC 11 Retrieval \_\_\_\_\_  
Courier \_\_\_\_\_

TO AVOID  
SUFFICIENCY OF FILING

2001 MAY -9 PM 4:32

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DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED  
AND  
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Signature \_\_\_\_\_

Requested by: CO

5-9-01

3:00

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
IRVINE MEDICAL HEALTH AFFILIATES, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME**

The name of the Limited Liability Company is: Irvine Medical Health Affiliates, LLC.

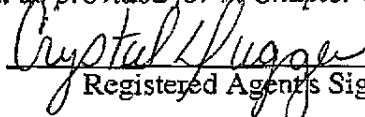
**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 10535 Main Street, Clarence, New York 14031.

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE  
AND REGISTERED AGENT'S SIGNATURE**

The name and address of the registered agent is Capital Connection, Inc., 417 E. Virginia Street, Suite 1, Tallahassee, Florida 32301.

*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.*

  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV - MANAGEMENT**

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

**ARTICLE V - PERIOD OF DURATION**

The latest date on which the Limited Liability Company is to dissolve is May 31, 2051.

**ARTICLE VI - LIABILITY OF MEMBERS**

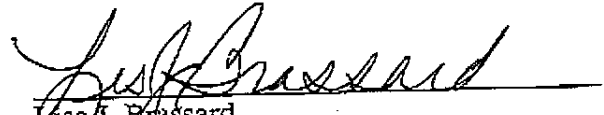
No Members of the Limited Liability Company are to be liable in their capacity as Members for any debts, obligations or liabilities of the Limited Liability Company.

APPROVED  
AND  
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TALLAHASSEE, FLORIDA

**ARTICLE VII - INDEMNIFICATION**

The Limited Liability Company shall have the power to indemnify, to the fullest extent permitted by Florida Law, as amended from time to time, all persons whom it is permitted to indemnify pursuant thereto.

IN WITNESS WHEREOF, these Articles of Organization have been subscribed this 9th day of May, 2001 by the undersigned and in accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury and the facts stated herein are true.

  
Lisa J. Brassard,  
Organizer and Authorized Representative

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AND  
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