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July 9, 2001

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*ALSO ADMITTED IN THE DISTRICT OF COLUMBIA ALSO ADMITTED IN

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-07/10/01--01030--0021

****155.00 ****155.00

VIA FEDERAL EXPRESS

JOHN E. MOORE, III*

BRADLEY W. ROSSWAY

J. ATWOOD TAYLOR, III*

THOMAS W. TIERNEY**

MICHAEL I. SWAN

OF COUNSEL

Florida Department of State ATTN: Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

> David DePutron, D.O., P.L.C. RE:

Dear Sir/Madam:

Enclosed please find Articles of Organization for the captioned entity for filing. Also enclosed is a check in the amount of \$155.00 representing the filing fee of \$125.00, and \$30.00 for one certified copy of the Articles.

If you have any questions, please do not hesitate to contact me.

Sincerely.

Legal Assistant

Enclosures

CC:

Dr. David DePutron, w/ enclosure, VIA FAX: 589-6995 C. Clay Price, CPA, w/ enclosure, VIA FAX: 589-9048

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ARTICLES OF ORGANIZATION OF

DAVID DePUTRON, D.O., P.L.C.,

a Florida professional limited liability company

The undersigned incorporator hereby forms a professional limited liability company under Chapter 621 of the laws of the State of Florida.

ARTICLE I Name

The name of the professional limited liability company shall be as follows:

"DAVID DePUTRON, D.O., P.L.C."

ARTICLE II Address

The mailing address and street address of the principal office of the professional limited liability company is:

13836 U.S. Highway 1 Sebastian, FL. 32958

ARTICLE III Nature Of Business

This corporation shall be formed for the specific purpose of providing professional medical services and may engage or transact in any and all lawful activities or business permitted pursuant to Section 621.08, F.S. No professional services shall be rendered by anyone other than an officer, shareholder, employee, or agent who is duly licensed to render such professional services in Florida.

ARTICLE IV Registered Agent/Address

The name and address of registered agent is:

David DePutron, D.O. 13836 U.S. Highway 1 Sebastian, FL 32958

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SECRETARY OF STATE

Having been named as registered agent and to accept service of process for the above stated professional 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.

David DePutron, D.O.

ARTICLE V Management

The Professional Limited Liability Company is to be managed by the members and the name and address of the sole member is:

David DePutron, D.O. 13836 U.S. Highway 1 Sebastian, FL 32958

ARTICLE VI Additional Members

Additional members may be admitted to the professional limited liability upon the written consent of each of the members.

ARTICLE VII Miscellaneous

The liability of the officers, agents, employees, and members of the professional limited liability company shall be as specified in Section 621.07. F.S.

In the event any member becomes legally disqualified to render professional medical services within the State of Florida or accepts employment that, pursuant to existing law, places restrictions or limitations upon that person's continued rendering of such professional medical services, that person shall sever all employment with and financial interests in the professional limited liability company immediately pursuant to Section 621.10, F.S.

Except as otherwise set forth in these Articles of Organization and where otherwise required by law, the provisions of Chapters 608 and 621, F.S., shall apply to and govern

this professional limited liability company and its member(s).

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal on this _____3

David DePutron, D.O., Sole Member

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