

OCT-17-2001 15:18

ALAN S. GASSMAN, P.A.

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Florida Department of State

Division of Corporations

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LIMITED LIABILITY COMPANY

BRIAN D. HALE, M.D., P.L.C.

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Audit Fax #: H01000107739 4**ARTICLES OF ORGANIZATION****OF****BRIAN D. HALE, M.D., P.L.C.****a Florida Professional Limited Liability Company****ARTICLE I
NAME**

The name of this Professional Limited Liability Company is BRIAN D. HALE, M.D., P.L.C.
(the "Company").

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Professional Limited Liability Company is:

340 Tall Oak Trail
Tarpon Springs, FL 34688

**ARTICLE IV
MANAGEMENT**

The Professional Limited Liability Company is to be managed by its members and the names and addresses of such members who are to serve as members are:

BRIAN HALE, M.D.
340 Tall Oak Trail
Tarpon Springs, FL 34688

CONSTANCE HALE
340 Tall Oak Trail
Tarpon Springs, FL 34688

Alan S. Gassman, Esquire
1245 Court Street, Suite 102
Clearwater, FL 33756
(727) 442-1200
Florida Bar # 371750

Audit Fax #: H01000107739 4**ARTICLES OF ORGANIZATION OF BRIAN D. HALE, M.D., P.L.C.**

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**ARTICLE V
ADMISSION OF NEW MEMBERS**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

The manager may admit new members in its sole and unfettered discretion subject only to the condition that such additional member must agree in writing to be bound as a member by the Operating Agreement of the Company.

**ARTICLE VI
MEMBERS RIGHTS TO CONTINUE BUSINESS**

The right, if given, of the remaining members of the professional limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the professional limited liability company shall be:

The death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the professional limited liability company shall not terminate the company, and the business of the company shall be automatically continued, so long as there is at least one remaining member.

**ARTICLE VI
NATURE OF BUSINESS**

The purpose for which the professional limited liability company is organized shall be to engage in and carry on all branches of the practice of medicine within the State of Florida, and to do those things that are necessary or proper in connection with that practice.

AUTHORIZED REPRESENTATIVE OF MEMBER
BRIAN D. HALE, M.D., P.L.C.



ALAN S. GASSMAN

Alan S. Gassman, Esquire
1245 Court Street, Suite 102
Clearwater, FL 33756
(727) 442-1200
Florida Bar # 371750

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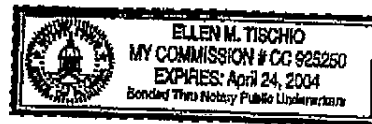
Audit Fax #: H01000107739 4STATE OF FLORIDA)
COUNTY OF PINELLAS)

The foregoing instrument was acknowledged before me this 17th date of October, 2001, by ALAN S. GASSMAN, as Authorized Representative of BRIAN D. HALE, M.D., P.L.C., who is personally known to me.

Witness my hand and official seal in the county and state last aforesaid on the day and year first written above.



Notary Public, State of Florida
My Commission Expires:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 17

Alan S. Gassman, Esquire
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Audit Fax #: H01000107739 4**ACCEPTANCE OF REGISTERED AGENT**

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Professional Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

The name of the Professional Limited Liability Company is: BRIAN D. HALE, M.D., P.L.C.
The name and Florida street address of the Registered Agent are:

Alan S. Gassman, Esquire
1245 Court Street
Suite 102
Clearwater, FL 33756

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.



ALAN S. GASSMAN (SEAL)

J:\H\Hale, Connie and Brian\Brian Hale PLC\ARTICLES.ORGANIZATION.wpd
sent 10-17-01

Alan S. Gassman, Esquire
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