

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L02000010149
FILED
April 29, 2002
Sec. Of State**

Article I

The name of the Limited Liability Company is:

WILSON FAMILY MEDICINE, LLC

Article II

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

2009 MICCOSUKEE ROAD
TALLAHASSEE, FL. 32308

The mailing address of the Limited Liability Company is:

2009 MICCOSUKEE ROAD
TALLAHASSEE, FL. 32308

Article III

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

LES D WILSON M.D.
2009 MICCOUSKEE ROAD
TALLAHASSEE, FL. US 32308

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.

Registered Agent Signature: LES D. WILSON

Article IV

The name and address of members/managers are:

Title: MGRM
LES D WILSON M.D.
2009 MICCOSUKEE ROAD
TALLAHASSEE, FL. 32308

Title: MGRM
VICKI ERWIN-WILSON M.D.
2009 MICCOSUKEE ROAD
TALLAHASSEE, FL. 32308

Signature of member or an authorized representative of a member

Signature: TIMOTHY B. ELLIOTT