

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

**L02000018208  
FILED  
July 18, 2002  
Sec. Of State**

**Article I**

The name of the Limited Liability Company is:

WEST COAST PERSONAL INJURY & FAMILY MEDICINE, LLC

**Article II**

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

5320 DUHME ROAD  
MADEIRA BEACH, FL. US 33708

The mailing address of the Limited Liability Company is:

5320 DUHME ROAD  
MADEIRA BEACH, FL. US 33708

**Article III**

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

MARK G KANTZLER  
320 DUHME ROAD  
MADEIRA BEACH, FL. 33708

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: MARK G. KANTZLER

## **Article IV**

The name and address of members/managers are:

Title: MGRM  
MARK G KANTLER  
5320 DUHME ROAD  
MADEIRA BEACH, FL. 33708 US

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Signature of member or an authorized representative of a member

Signature: MARK G. KANTZLER