Electronic Articles of Organization
For
Florida Limited Liability Company

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FILED 8:00 AM
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Sec. Of State

Article I

The name of the Limited Liability Company is:

THE CALA HILLS FAMILY CLINIC, LLC

Article II

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

2118 SW 20TH PLACE
SUITE 102
OCALA, FL. US 34474

The mailing address of the Limited Liability Company is:

1344 SE 18TH AVE
OCALA, FL. US 34471

Article III

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

DARLENE R CABAN
1344 SE 18TH AVE
OCALA, FL. 34471

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: DARLENE R. CABAN

Article IV

The effective date for this Limited Liability Company shall be:

09/16/2002

Signature of member or an authorized representative of a member

Signature: DARLENE R. CABAN