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SECRETARY OF STATE
TALLAHASSEE, FL

(Requestor's Name)

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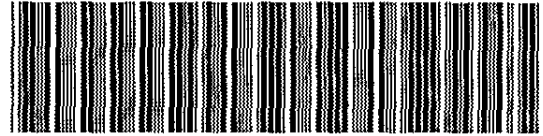
(Business Entity Name)

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Marc I. Solomon

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Attorney At Law

02 NOV -6 PM 12: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 4, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I am enclosing for filing the Articles of Organization for Advanced Medical Care Coordinators, LLC. I am further enclosing a check made payable to the Florida Department of State in the sum of \$155.00. This sum represents the Filing fee, Designation of Registered Agent fee and the fee for a certified copy of the filed Articles of Organization.

If you have any questions with regard the enclosed filing, please contact the undersigned at (561) 750-1399.

Very Truly Yours,

A handwritten signature in black ink, appearing to read "Marc I. Solomon".

Marc I. Solomon, Esq.

Marc I. Solomon, P.A.
4400 N. Federal Highway • Suite 210
Boca Raton, Florida 33431
Phone: (561) 750-1399 • Fax: (561) 392-6282
E-mail: msolomon@wiredol.com

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02 NOV -6 PM 12: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
ADVANCED MEDICAL CARE COORDINATORS, LLC.

The Undersigned, for the purposes of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges and files the following Articles of Organization.

ARTICLE I- NAME

The name of the limited liability company shall be Advanced Medical Care Coordinators, LLC.

ARTICLE II- ADDRESS

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

2316 Pine Ridge Rd, # 346, Naples, FL 34109

ARTICLE III-DURATION

The Company shall commence its existence on the date these Articles Of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the Company is dissolved earlier as provided in these Articles Of Organization or in the Company's Operating Agreement.

ARTICLE IV-REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the state of Florida is Marc Solomon, Esq., 4400 N. Federal Hwy, Ste 210, Boca Raton, FL 33431

ARTICLE V-ADDITIONAL CAPITAL CONTRIBUTIONS

Each member shall make additional capital contributions to the Company only on the unanimous consent of all the members, or as provided in the regulations.

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TALLAHASSEE, FLORIDA

ARTICLE VI-ADMISSION OF NEW MEMBERS

No additional members shall be admitted to the Company except with the unanimous written consent of all of the members.

ARTICLES VII-MEMBERS' RIGHTS TO CONTINUE

BUSINESS

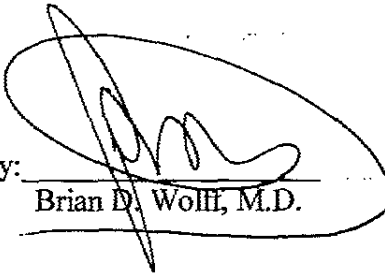
The Company shall be dissolved on the death, bankruptcy, or dissolution of a member or on the occurrence of any other event that terminates the continued membership in the Company, unless the business of the Company is continued by a majority vote of all the remaining members.

ARTICLE VIII-MANAGEMENT

The Company shall be managed by the members in accordance with regulations adopted by the members for the management of the business and affairs of the company. These regulations may contain any provisions for the regulation and management of the company not inconsistent with law or these Articles of Organization. The name and address of the members of the Company are:

Name:	Address;
Brian D. Wolff, M.D.	7708 Santa Margherita Way, Naples, FL 34109
Michael Webb, M.D.	12595 Sunset Harbor Road, Weirsdale, FL 32195

N WITNESS WHEREOF, the undersigned organizer has made and subscribed these Articles Of Organization at Naples Florida, on October 28, 2002.

By: 
Brian D. Wolff, M.D.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
COUNTY OF Collier)

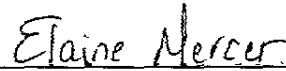
ss:

Sworn to and subscribed before me this 28th day of October, 2002, personally appeared before me, an officer duly authorized in the State and County aforesaid to administer oaths and take acknowledgements, Brian D. Wolff, M.D. who is personally known to me or who has produced personally known as identification, Signer and Sealer of the foregoing Articles of Organization and acknowledged the same to be his free deed before me.

WITNESS my hand and official seal in the State and County last aforesaid this _____ day of October 28th, 2002.


Notary Public

(SEAL)


Print Name

Commission No:
Commission Expires:



Elaine Mercer
MY COMMISSION # DD111964 EXPIRES
August 13, 2006
BONDED THRU TROY FARM INSURANCE, INC.

CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

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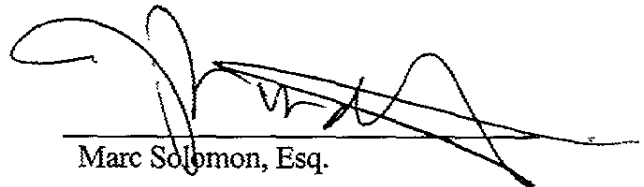
Under the provisions of F.S. 608.414 or 608.507, Advanced Medical Care Coordinators, LLC submits the following statement to designate a registered office and registered agent in the state of Florida:

1. The name of the limited liability company is Advanced Medical Care Coordinators, LLC.

2. The name and street address of the registered agent in Florida are:

Marc Solomon, Esq., 4400 North Federal Highway, Boca Raton, Fl; 33431

The undersigned, being the person named in the articles of organization of Advanced Medical Care Coordinators, LLC as the registered agent of this limited liability company, hereby consents to accept service of process for the above-stated company at the place designated in the articles of organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his or her duties, and is familiar with and accepts the obligations of the position of registered agent.



Marc Solomon, Esq.