

**L030000011649**

Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813)229-7600  
Fax Number : (813)229-1660

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**AMERICARE PHYSICIANS GROUP, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION  
AMERICARE PHYSICIANS GROUP, LLC  
ARTICLE I - Name:**

The name of the Limited Liability Company AMERICARE PHYSICIANS GROUP,  
LLC

**ARTICLE II - Address:**

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

1745 S. Highland Ave.  
Clearwater, Florida 33756

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized  
representative of a member and acknowledged them to be my act this 31<sup>st</sup> day of March 2003.

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution  
of this document constitutes an affirmation under the penalties of  
perjury that the facts stated herein are true.)

Gregory C. Yadley  
Typed or printed name of signee

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UNION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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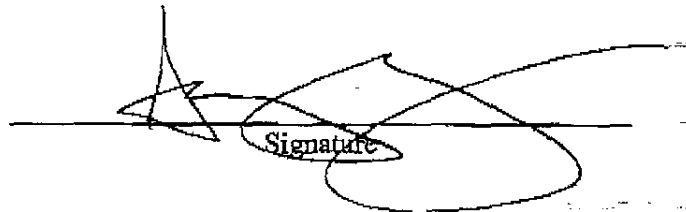
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE  
UNDERSIGNED LIMITED LIABILITY COMPANY 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 AMERICARE PHYSICIANS GROUP,  
LLC
2. The name and the Florida street address of the registered agent are:

Gregory C. Yadley  
Shumaker, Loop & Kendrick, LLP  
101 East Kennedy Blvd., Suite 2800  
Tampa, Florida 33602

*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.*

  
Signature

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