Electronic Articles of Organization
For
Florida Limited Liability Company

L03000016126
FILED 8:00 AM
May 05, 2003
Sec. Of State

Article I

The name of the Limited Liability Company is:

ABA FAMILY MEDICINE, LLC

Article II

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

305 CLYDE MORRIS BLVD
SUITE 220
ORMOND BEACH, FL. 32174

The mailing address of the Limited Liability Company is:

305 CLYDE MORRIS BLVD
SUITE 220
ORMOND BEACH, FL. 32174

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

DIEGO T TORRES II
305 CLYDE MORRIS BLVD
SUITE 220
ORMOND BEACH, FL. 32174

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: DIEGO T. TORRES II

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Article V

The name and address of managing members/managers are:

Title: MGRM
DIEGO T TORRES II
305 CLYDE MORRIS BLVD SUITE 220
ORMOND BEACH, FL. 32174

Article VI

The effective date for this Limited Liability Company shall be:

05/01/2003

Signature of member or an authorized representative of a member

Signature: DIEGO T. TORRES II