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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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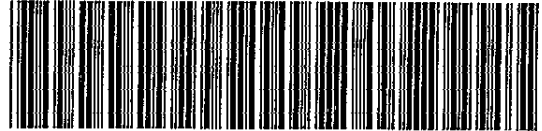
(Business Entity Name)

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TALLAHASSEE, FLORIDA

03 MAY 15 PM 4:07

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*5/16/03*  
*[Signature]*

FROM:

1. NAME: ALEXANDER GOLDMAN
2. ADDRESS: ~~2511A~~ <sup>2511</sup> BURNS RD., PALM BEACH GARDENS, FL 33410
3. PHONE: (561) 625-9575
4. RE: MEDICAL MANAGEMENT GROUP, LLC

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:  
MEDICAL MANAGEMENT GROUP, LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:  
2511 BURNS RD., PALM BEACH GARDENS, FL 33410

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

ALEXANDER GOLDMAN

Name

2511 BURNS RD.

Florida street address (P.O. Box **NOT** acceptable)

PALM BEACH GARDENS FL 33410

City, State, and Zip

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*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 as provided for in Chapter 608, F.S.*

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

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.)

ALEXANDER GOLDMAN

Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)