

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L03000037740  
FILED 8:00 AM  
October 02, 2003  
Sec. Of State

**Article I**

The name of the Limited Liability Company is:

FLORIDA SLEEP INSTITUTE AT BROOKSVILLE, LLC

**Article II**

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

12440 CORTEZ BLVD.  
BROOKSVILLE, FL. 34613

The mailing address of the Limited Liability Company is:

24087 TWISTER LANE  
BROOKSVILLE, FL. 34602

**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:

LEONARD H JOHNSON  
37837 MERIDIAN AVENUE  
SUITE 314  
DADE CITY, FL. 33525

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: LEONARD H. JOHNSON

## **Article V**

The name and address of managing members/managers are:

Title: MGRM  
WILLIAM C KOHLER M.D.  
24087 TWISTER LANE  
BROOKSVILLE, FL. 34602

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Signature of member or an authorized representative of a member

Signature: WILLIAM C. KOHLER