

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

L03000038602  
FILED 8:00 AM  
October 09, 2003  
Sec. Of State

**Article I**

The name of the Limited Liability Company is:

LUIS A. RIVES, M.D., L.L.C.

**Article II**

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

14180 METROPOLIS AVE.  
SUITE # 2  
FORT MYERS, FL. US 33912

The mailing address of the Limited Liability Company is:

14180 METROPOLIS AVE.  
SUITE # 2  
FORT MYERS, FL. US 33912

**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:

STEVEN MACHLIN  
14180 METROPOLIS AVE.  
SUITE # 2  
FORT MYERS, FL. 33912

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: STEVEN MACHLIN

## **Article V**

The name and address of managing members/managers are:

Title: MGR  
JOHN S KRINEK  
14180 METROPOLIS AVE.  
FORT MYERS, FL. 33912 US

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Signature of member or an authorized representative of a member

Signature: LUIS A. RIVES