

**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

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

Signature of member or an authorized representative of a member

Signature: LUIS A. RIVES