Electronic Articles of Organization
For
Florida Limited Liability Company

L04000000755
FILED 8:00 AM
January 05, 2004
Sec. Of State

Article I

The name of the Limited Liability Company is:

COMPREHENSIVE FAMILY MEDICAL PROVIDER LTD.CO.

Article II

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

10641 S.W. 37TH PLACE
DAVIE, FL. US 33328

The mailing address of the Limited Liability Company is:

10641 S.W. 37TH PLACE
DAVIE, FL. US 33328

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:

RENE LAIMONT
1201 RIVIERA DRIVE N.E,
PALM BAY, FL. 32905

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: RENE LAIMONT

Article V

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The name and address of managing members/managers are:

Title: MGRM
IRGNE METZLER
10641 S.W. 37TH PLACE
DAVIE, FL. 33328 US

Title: MGRM
MICHELLE METZLER
10641 S.W. 37TH PLACE
DAVIE, FL. 33328 US

Title: MGRM
JONATHAN SCHNEIDER
10641 S.W.37TH PLACE
DAVIE, FL. 33328 US

Title: MGRM
IVORY J CHRISTEN
10641 S.W. 37TH PLACE
DAVIE, FL. 33328 US

Signature of member or an authorized representative of a member

Signature: IVORY J. CHRISTEN