Electronic Articles of Organization
For
Florida Limited Liability Company

L04000002633
FILED 8:00 AM
January 09, 2004
Sec. Of State

Article I

The name of the Limited Liability Company is:

FORGOTTON COAST EMERGENCY PHYSICIANS, LLC

Article II

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

POST OFFICE BOX 99
TALLAHASSEE, FL. 32358

The mailing address of the Limited Liability Company is:

POST OFFICE BOX 99
TALLAHASSEE, FL. 32358

Article III

The purpose for which this Limited Liability Company is organized is:

PROVIDE EMERGENCY AND OTHER MEDICAL SERVICES

Article IV

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

DEAN C KOWALCHYK
1538 METROPOLITAN
B-2
TALLAHASSEE, FL. 32308

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: DEAN C. KOWALCHYK

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Article V

The name and address of managing members/managers are:

Title: MGRM
DAVID PIERCE
POST OFFICE BOX 99
SOPCHOPPY, FL. 32358

Article VI

The effective date for this Limited Liability Company shall be:

01/08/2004

Signature of member or an authorized representative of a member

Signature: DR. DAVID PIERCE