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ApolloMD Physician Services FL, LLC

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1-27-04

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ApolloMD Physician Services FL, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
400 Galleria Parkway, Suite 1860, Atlanta, GA 30339

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Michael J. Dolister

Name

1112 Kelton Blvd.

Florida street address (P.O. Box NOT acceptable)

Gulf Breeze

FL 32563

City, State, and Zip

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 as provided for in Chapter 608, F.S.

By:

Michael J. Dolister

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Christopher B. Durham

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Christopher B. Durham

Typed or printed name of signer

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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