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LIMITED LIABILITY COMPANY

GEORGE C. REES, M.D., PLLC

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IVISION OF CORPORATION

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ARTICLES OF ORGANIZATION OF GEORGE C. REES, M.D., PLLC

The undersigned, GEORGE C. REES, M.D., a natural person licensed to practice medicine in Florida and sole member of this professional limited liability company, hereby presents these Articles of Organization for the formation of a professional limited liability company under the provisions of Chapter 621, Florida Statutes.

ARTICLE I

The name of the professional limited liability company is as follows:

GEORGE C. REES, M.D., PLLC

ARTICLE II - PRINCIPAL OFFICE ADDRESS

The address of the principal office of the professional limited liability company is 1011-A West Moreno Street, Pensacola, Florida 32501.

ARTICLE III - PURPOSES AND POWERS

This professional limited liability company is organized for the purpose of providing professional surgical and medical services, for any legal and lawful purpose for which a professional limited liability company may be organized and may exercise all powers and rights which a professional limited liability company may exercise under the Professional Service Corporation and Limited Liability Company Act.

ARTICLE IV - TERM OF EXISTENCE

The professional limited liability company shall have a perpetual existence.

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The address of the initial registered office of this professional limited liability company shall be 1011-A West Moreno Street, Pensacola, Florida 32501, and the name of the initial registered agent of this professional limited liability company at that

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address is GEORGE C. REES, M.D.

ARTICLE VI - MANAGEMENT

This professional limited liability company shall be managed by its sole member.

The name and address of the member are as follows:

GEORGE C. REES, M.D. 1011-A West Moreno Street Pensacola, Florida 32501.

IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization on the date set forth below.

MEMBER:

GEORGE C. REES, M.D.

Date: <u>Jen</u> 27, 200

REGISTERED AGENT ACCEPTANCE

I do hereby accept the foregoing designation as registered agent of GEORGE C. REES, M.D., PLLC. Further, I am familiar with and accept the duties and obligations of such designation.

SEORGE C. REES, M.D.

Date: <u>Jan 27</u>, 2004

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