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# LIMITED LIABILITY COMPANY

Healthcare Property Development, LLC

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## ARTICLES OF ORGANIZATION

OF

# HEALTHCARE PROPERTY DEVELOPMENT, LLC

The undersigned, the authorized representative of a member, intending to form and create a Limited Liability Company, defined in Chapter 608 of the Florida Statutes, hereby files, these Articles of Organization and states:

# ARTICLE I NAME AND ADDRESS

The name of the Limited Liability Company is HEAFT PROPERTY DEVELOPMENT, LLC. The principal office address and mailing address are c/o Richard D. Brock, C.P.A., LBA Certified Public Accountants, P.A., 1301 Riverplace Boulevard, Suite 2400, Jacksonville, Florida 32207.

## ARTICLE II REGISTERED AGENT AND OFFICE

The name and street address of the Limited Liability Company's initial registered agent and office are EDWARD C. AKEL, One Independent Drive, Suite 2301, Jacksonville, Florida 32202.

### ARTICLE III MANAGEMENT: MANAGER

The Limited Liability Company is to be a member-managed company. The name and address of the managers who shall serve as manager until a successor is elected and duly qualified are;

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Managers

Street Address and Mailing Address

LBA Certified Public Accountants, P.A.

1301 Riverplace Boulevard, Suite 2400, Jacksonville, Florida 32207

Neil T. Shmunes, M.D.

3316 South Third Street, Suite 103 Jacksonville Beach, Florida 32250

Richard T. Simmons, M.D.

3316 South Third Street, Suite 103 Jacksonville Beach, Florida 32250

Michael Sones

60 Ocean Boulevard, Suite 1 \_Atlantic Beach, Florida 3223

ARTICLE IV PURPOSE OF COMPANY

The purpose for which the company is formed is to engage in any lawful acts or activities for which limited liability companies may be formed under Chapter 608 of the Florida Statutes.

### ARTICLE V EFFECTIVE DATE AND DURATION

The Company shall be effective on February 25, 2004 and shall have perpetual duration.

SIGNED by the undersigned as the authorized representative of a member this <u>25</u> day of February, 2004.

EDWARD O. AKEL

ACKNOWLEDGEMENT AND ACCEPTANCE
OF REGISTERED AGENT OF
AUTOMATED HEALTH CARE SOLUTIONS, , LLC

Having been named to accept service of process as registered agent for the above stated limited liability company, at the place designated in the Articles of Organization of the limited liability

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company to which this is attached, I hereby accept the appointment as registered agent and I agree to act in this capacity, and agree to comply with the provision of said act relative to keeping open the registered office at the address below.

One Independent Drive, Suite 2301 Jacksonville, Florida 32202