

**Electronic Articles of Organization
For
Florida Limited Liability Company**

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Sec. Of State
mthomas

Article I

The name of the Limited Liability Company is:
CHATTAHOOCHEE FAMILY PRACTICE LLC

Article II

The street address of the principal office of the Limited Liability Company is:
680 MAPLE STREET
CHATTAHOOCHEE, FL. 32324

The mailing address of the Limited Liability Company is:
680 MAPLE STREET
CHATTAHOOCHEE, FL. 32324

Article III

The purpose for which this Limited Liability Company is organized is:
FAMILY PRACTICE CLINIC OFFERING COMPREHENSIVE MEDICAL
SERVICES TO ALL AGES.

Article IV

The name and Florida street address of the registered agent is:
TIMOTHY D JETTON
680 MAPLE STREET
CHATTAHOOCHEE, FL. 32324

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: TIMOTHY D. JETTON

Signature of member or an authorized representative of a member

Signature: TIMOTHY D. JETTON