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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : ACE INDUSTRIES, INC.
Account Number : 070744001530
Phone : (305) 358-2571
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

PREMIER HEALTH CLINIC, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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H04-117889

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name of Limited Liability Company:

PREMIER HEALTH CLINIC, LLC

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

Address: 1801 S. FEDERAL HIGHWAY, SUITE 220

City, State & Zip: DELRAY BEACH, FL. 33483

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

DR. DANIEL DICRISTOFARO
Name1801 S. FEDERAL HIGHWAY, SUITE 220
Address (P.O. Box NOT Acceptable)DELRAY BEACH, FL. 33483
City, State, 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 688, F.S.

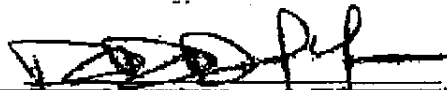

Registered Agent's Signature

Date: JUNE 2, 2004

Article IV - Management (Check box if applicable.)

- ☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. Specify name & address(es).

1. DR. DANIEL DICRISTOFARO, 1801 S. FEDERAL HIGHWAY, SUITE 220, DELRAY BEACH, FL. 33483
2. DR. DANIEL CONTOGIANNIS, 1801 S. FEDERAL HIGHWAY, SUITE 220, DELRAY BEACH, FL. 33483
- 3.



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.

DANIEL DICRISTOFARO
Typed or printed name of signee

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Prepared By: Ace Industries 54 NW 11th Street Miami, Florida 33136 (305) 358-257104 JUN -2 AM 9:21
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CLERK OF DISTRICT COURT
MIAMI, FLORIDA