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**LB4 0000 49770**

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**PALMITA MEDICAL, LLC**

Certificate of Status	0
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**LB4-49770**  
**OR**

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I — Name:**

The name of the Limited Liability Company is:

**PALMITA MEDICAL, LLC**

**ARTICLE II — Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**PALMITA MEDICAL, LLC  
99 Nesbit Street  
Punta Gorda, FL 33950**

**Mailing Address:**

**PALMITA MEDICAL, LLC  
c/o David A. Holmes  
99 Nesbit Street  
Punta Gorda, Florida 33950**

**ARTICLE III — Registered Agent, Registered Office, & Registered Agent's Signature:**

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

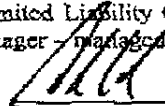
**David A. Holmes, Esquire  
Farr, Farr, Emerich, Sifrit,  
Hackett and Carr, P.A.  
99 Nesbit Street  
Punta Gorda, Florida 33950-3636**

*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.*

  
\_\_\_\_\_  
David A. Holmes, Registered Agent

**ARTICLE IV — Management**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

  
\_\_\_\_\_  
David A. Holmes, Authorized Representative of a member

David A. Holmes  
Typed or printed name of signee

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