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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Family Practice & Internal Medicine of The Palm Beaches, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jack F. Halickman, M.D.

(Name of Person)

Family Practice & Internal Medicine of The Palm Beaches, LLC

(Firm/Company)

102 Olivera Way

(Address)

Palm Beach Gardens, FL 33418

(City/State and Zip Code)

For further information concerning this matter, please call:

Doreen Bonadies Halickman

(Name of Person)

at (561)

626-0322

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

ARTICLE I - Name:

The name of the Limited Liability Company is:
Family Practice & Internal Medicine of The Palm Beaches, LLC

ARTICLE II - Address:

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

Principal Office Address:

3401 PGA Boulevard, Suite 390
Palm Beach Gardens, FL 33418

Mailing Address:

102 Oliveira Way
Palm Beach Gardens, FL 33418

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

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

Doreen Bonadies Hallickman
Name

102 Oliveira Way
Florida street address (P.O. Box NOT acceptable)

Palm Beach Gardens
City, State, and Zip
FLORIDA 33418

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 registered agents and complete performance of my duties, and I am familiar with and accept the obligations of my registered agent as provided for in Chapter 608, Florida Statutes.