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TALLAHASSEE, FLORIDA

DONILL KENNEY

1717 Edgar Street, # 100
West Palm Beach, FL 33401

office: 561 / 820-0090
fax: 561 / 820-9120



08/30/04

DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

ENCLOSED YOU WILL FIND A CHECK AND EXTRA COPY OF OUR
ARTICLES OF ORGANIZATION. PLEASE SEND OUR COPY BACK IN
OUR SELF ADDRESS & STAMPED ENVELOPE.

THANK YOU


DONILL KENNEY

Handwritten: \$125.00
CK# 3703

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Congress Medical Park II, 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:

Donill Kenney
(Name of Person)

N/A
(Firm/Company)

1717 Edgar Street, Suite # 100
(Address)

West Palm Beach, Florida 33401
(City/State and Zip Code)

For further information concerning this matter, please call:

Donill Kenney at (561) 820 - 0090
(Name of Person) (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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Congress Medical Park II, LLC

ARTICLE II - Address:

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

Principal Office Address:

1717 Edgar Street

Suite # 100

West Palm Beach, Florida 33401

Mailing Address:

1717 Edgar Street

Suite # 100

West Palm Beach, Florida 33401

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

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

Donill Kenney

Name

1717 Edgar Street, Suite # 100

Florida street address (P.O. Box **NOT** acceptable)

West Palm Beach, FLORIDA 33401

City, State, and Zip

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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, Florida Statutes..



Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Robert Tome

2613 Bucknell Lane

Lake Worth, FL 33460

MGRM

Donill Kenney

1717 Edgar Street, Suite # 100

West Palm Beach, FL 33401

MGRM

Warren Newell

2092 Circle Place Drive

Lantana, FL 33462

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

Donill Kenney

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)