Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: A 1 A CORPORATE SERVICES,

Account Number: I20010000247

(800) 494-3124

Fax Number

(305) 675-2811

LIMITED LIABILITY COMPANY

National Physicians Network, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

National Physicians Network, LLC

ARTICLE II ADDRESS

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

5605 Coral Gate Blvd.

Margate, FL 33063

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

Samuel J Born

5051 NW 74th Place

Coconut Creek Florida 33073

30 P 2

Having been named as registered agent 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...

SAMUEL J BORN / Registered Agent

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ARTICLE IV MANAGEMENT

The Umited Liability Company is to be managed by one or more members and is therefore, a Member Managed Company.

ARTICLE V MEMBERS (potional)

Managing Member: Samuel J Born 5051 NW 74th Place Coconut Creek Florida 33073

Managing Member: Jane Born 5051 NW 74th Place Coconut Crack Florida 33073

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.

SAMUEL J BORN

Typed or printed name of signee