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(City/State/Zip/Phone #)

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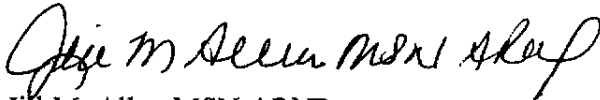
December 16, 2004

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Dear Registration Section

Please find the following Transmittal letter and Articles of Organization for Florida LLC for the Advanced Practice Clinic, Ltd. I have also enclosed a copy of my local business license with my check for \$155.00 for filing fee and certified copy. Please contact me for any questions or concerns.

Thank you



Jill M. Allen MSN ARNP
646 Powell Drive NE
Fort Walton Beach, FL 32547
Daytime Phone #1-850-225-8811

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANCED PRACTICE CLINIC, 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:

JILL M. ALLEN MSN ARNP
(Name of Person)

ADVANCED PRACTICE CLINIC, LLC
(Firm/Company)

646 POWELL DRIVE NE
(Address)

FORT WALTON BEACH, FL 32547
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JILL M. ALLEN MSN ARNP at (850) 225-8811
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|--|---|

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:

ADVANCED PRACTICE CLINIC, LLC

ARTICLE II - Address:

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

Principal Office Address:

646 POWELL DRIVE NE
FORT WALTON BEACH, FL 32547

Mailing Address:

646 POWELL DRIVE NE
FORT WALTON BEACH, FL 32547

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

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

JILL M. ALLEN MSN ARNP

Name

646 POWELL DRIVE NE

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

FORT WALTON BEACH, FL 32547

City, State, and 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 608, F.S.


Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FL

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

JILL M. ALLEN MSN ARNP

646 POWELL DRIVE NE

FORT WALTON BEACH, FL 32547

(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.)

JILL M. ALLEN MSN ARNP

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)