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EFFECTIVE DATE  
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From: Account Name : GASSMAN & ASSOCIATES, P.A.  
Account Number : 075350000514  
Phone : (727) 442-1200  
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY  
SPRING HILL MEDICAL ASSOCIATES, L.L.C.

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **SPRING HILL MEDICAL ASSOCIATES, L.L.C.**

**ARTICLE II - Effective Date:**

The effective date of the filing of these Articles of Organization shall be: **January 1, 2005**

**ARTICLE III - Address:**

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

**3820 Tampa Road, Suite 102, Palm Harbor, FL 34684**

**ARTICLE IV - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**EFFECTIVE DATE**  
01/01/05

Alan S. Gassman  
Name

1245 Court Street, Suite 102  
Florida street address (P.O. Box NOT acceptable)  
Clearwater, FL 33756  
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

(An additional article must be added if an effective date is requested)

**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.)

  
\_\_\_\_\_  
ALAN S. GASSMAN