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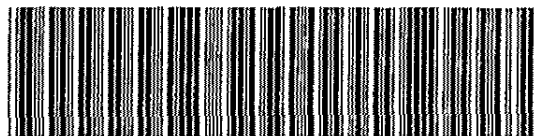
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01/04/05--01038--005 **125.00

W05-3129
JK

EFFECTIVE DATE

2-1-05

SAMUEL L. LEPRELL
ATTORNEY AND COUNSELOR AT LAW

SAMUEL L. LEPRELL
(904) 390-2705

December 29, 2004

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: NEPHROLOGY ASSOCIATES OF MACCLENNY, L.L.C.

Enclosed is an original and one copy of the articles of organization and a check for:

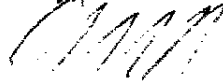
☒ \$125.00
Filing Fee
and Registered
Agent
Designation

☐
Filing Fee,
Registered Agent
Designation, and
Certificate of Status

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Filing Fee,
Registered Agent
Designation, and
Certified Copy

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Filing Fee,
Registered Agent
Designation,
Certified Copy, and
Certificate of Status

Sincerely,



Samuel L. LePrell

SLL:cdw
Enclosure

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
OF
NEPHROLOGY ASSOCIATES OF MACCLENNY, L.L.C.**

The undersigned, for the purpose of forming a professional limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608 and the Florida Professional Service Corporation Liability Company Act, F.S. Chapter 621, hereby makes, acknowledged, and filed the following Articles of Organization.

ARTICLE I - NAME

The name of the professional limited liability company shall be **NEPHROLOGY ASSOCIATES OF MACCLENNY, L.L.C.** (the "Company").

ARTICLE II - PURPOSE

1. The Company shall only engage in the business of rendering medical services; provided, however, the Company may invest its funds in real estate, mortgages, stocks, bonds, or any other type of investments, and may own real or personal property necessary for the rendering of professional services.

2. The Company shall render medical services in this state only through its members, officers, employees, and agents who are duly licensed or otherwise legally authorized to render medical services within this state; provided, however, this provision shall not be interpreted to include in the term "employee," as used herein, clerks, secretaries, bookkeepers, technicians, and other assistants who are not usually and ordinarily considered by custom and practice to be rendering medical services to the public for which a license or other legal authorization is required.

ARTICLE III - ADDRESS

The mailing address and street address of the principal office of the Company is 3599 University Blvd. South, Suite 805, Jacksonville, Florida 32216.

ARTICLE IV - DURATION

The Company shall commence its existence effective 8:00 a.m. on January 1, 2005. The Company's existence shall be perpetual, unless the Company is dissolved earlier as provided in these articles of organization or in the regulations.

ARTICLE V - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the state of Florida is Samuel L. LePrell, Suite 201, St. Mark's Place, 1930 San Marco Boulevard, Jacksonville, Florida 32207.

ARTICLE VI - CAPITAL CONTRIBUTIONS

The members of the Company shall contribute to the capital of the Company \$200.00 in cash.

ARTICLE VII - ADDITIONAL CAPITAL CONTRIBUTIONS

Each member shall make additional capital contributions to the Company only on the unanimous consent of all the members or as provided in the Regulations of the Company.

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EFFECTIVE DATE
1-1-05

ARTICLE VIII - ADMISSION OF NEW MEMBERS

Except as set forth in the Regulations, no additional members shall be admitted to the Company except with the unanimous written consent of all the members of the Company and on the terms and conditions as shall be determined by all the members. A member may transfer his or her or its interest in the Company as set forth in the Regulations, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a member unless all of the members of the Company other than the member proposing to dispose of his or her or its interest approve of the proposed transfer by written consent.

ARTICLE IX - LIMITATION ON ISSUANCE AND TRANSFER OF OWNERSHIP

1. No person shall be admitted as a member of the Company unless such person is a professional corporation, a professional limited liability company, or an individual, each of which must be duly licensed or otherwise legally authorized to render medical services. No member of the Company shall enter into any type of agreement vesting another person with the authority to exercise any of that member's voting power in the Company.

2. No member may sell or transfer ownership interest in the Company except to another professional corporation, professional limited liability company, or individual, each of which must be eligible to be a member of the limited liability company.

ARTICLE X - MEMBER'S RIGHT TO CONTINUE BUSINESS

The Company shall be dissolved on the death, bankruptcy, or dissolution of a member or manager, or on the occurrence of any other event that terminates the continued membership of a member in the Company, unless the business of the Company is continued by the unanimous vote of the remaining members.

ARTICLE XI - DISQUALIFICATION OF MEMBER, OFFICER, AGENT OR EMPLOYEE OF COMPANY

If any member, officer, shareholder, agent, or employee of the Company who has been rendering medical services to the public becomes legally disqualified to render such services within this state, or accepts employment that, pursuant to existing law, places restrictions or limitations upon that person's continued rendering of such services, that person shall sever all employment with and financial interests in the Company forthwith.

ARTICLE XII - MANAGEMENT

The Company shall be managed by its Members in accordance with the Regulations and the Member Control Agreement, if any, adopted by the members for the management of the business and affairs of the Company. The Member Control Agreement and the Regulations may contain any provisions for the operation, regulation and management of the affairs of the Company not inconsistent with law or these articles of organization. The names and address of the members of the Company are:

<u>NAME</u>	<u>ADDRESS</u>
O. Sam Ashouri, M.D.	3599 University Boulevard South Suite 805 Jacksonville, Florida 32216
Gil A. Cu, M.D.	3599 University Boulevard South Suite 805 Jacksonville, Florida 32216

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TALLAHASSEE, FLORIDA

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Naeem Haider, M.D.

3599 University Boulevard South
Suite 805
Jacksonville, Florida 32216

Ira Harmon, M.D.

3599 University Boulevard South
Suite 805
Jacksonville, Florida 32216

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these Articles of Organization on December 29, 2004.

Witnesses:

Carol P. Moor
Print Name of Witness CAROL P. MOOR

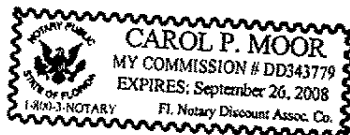
O. Sam Ashouri, M.D.
O. Sam Ashouri, M.D.

Robbin Williams
Print Name of Witness ROBBIN WILLIAMS
As to O. Sam Ashouri, M.D.

STATE OF FLORIDA

COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 29th day of December, 2004, by O. SAM ASHOURI, M.D. He is personally known to me or who has produced his Florida Driver's License as identification.



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Carol P. Moor
Notary Public, State of Florida
Name: Carol P. Moor
My Commission Expires: 9/26/08
My Commission Number is: DD343779

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Under the provisions of F.S. 608.415 or 608.507, **NEPHROLOGY ASSOCIATES OF MACCLENNY, L.L.C.**, submits the following statement to designate a registered office and registered agent in the state of Florida:

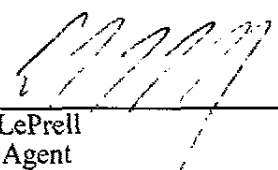
1. The name of the professional limited liability company is:

NEPHROLOGY ASSOCIATES OF MACCLENNY, L.L.C.

2. The name and address of the registered agent in Florida is:

Samuel L. LePrell
Attorney and Counselor at Law
1930 San Marco Boulevard
Suite 201, St. Mark's Place
Jacksonville, Florida 32207

The undersigned, being the person named in the articles of organization of **NEPHROLOGY ASSOCIATES OF MACCLENNY, L.L.C.**, as the registered agent of this professional limited liability company, hereby consents to accept service of process for the above-stated company at the place designated in the articles of organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with and accepts the obligations of the position of registered agent.



Samuel L. LePrell
Registered Agent

Dated: December 29, 2004

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TALLAHASSEE, FLORIDA

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