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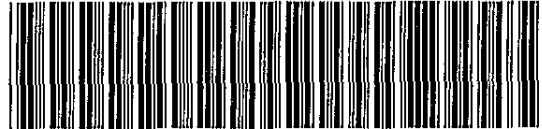
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J. EMMAN

APR 19 2005

**ARTICLES OF ORGANIZATION
FOR
KAREN WILKENS, M.D., PLLC**

This Professional Limited Liability Company (the "Limited Liability Company") is organized under the provisions of F.S. Chapters 608 and 621, for the purpose of providing the professional services as are hereafter specified.

ARTICLE I

NAME

The name of the Limited Liability Company is Karen Wilkens, M.D., PLLC.

ARTICLE II

ADDRESS

The mailing of the principal office of the Limited Liability Company is 1525 Killearn Center Boulevard, Tallahassee, Florida 32309.

The street address of the principal office of the Limited Liability Company is 1525 Killearn Center Boulevard, Tallahassee, Florida 32309.

ARTICLE III

DURATION AND AREAS OF PRACTICE

The period of duration for the Limited Liability Company shall be perpetual. The areas of practice of the Limited Liability Company are limited to professional medical services.

ARTICLE IV

MANAGEMENT

The Limited Liability Company is a member-managed Limited Liability Company.

In accordance with F.S. 608.408(3), the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

K Wilkens MD PLLC
Authorized Representative

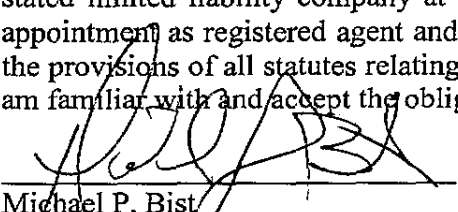
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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE
UNDER THE PROVISIONS OF F.S. 608.415, THE UNDERSIGNED LIMITED LIABILITY
COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED
OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the limited liability company is Karen Wilkens, M.D., PLLC.

The name and the Florida street address of the registered agent are: Michael P. Bist,
1300 Thomaswood Drive, Tallahassee, Florida 32308.

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.


Michael P. Bist
Registered Agent

Karen Wilkens, M.D., PLLC

By: Karen Wilkens, MD PLLC
Karen Wilkens, M.D., its authorized representative

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2005 APR 18 AM 8:18
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TALLAHASSEE, FLORIDA