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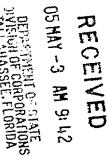




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SECKETAIN OF STATE
TALLAHASSEE, FLORIDA



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Samuel Wi	lliams, M.D.	, P.L.	OSMA -3 AMII. 31 TALLAHASSEC, FLORIG
			Art of Inc. File  LTD Partnership File  Foreign Corp. File
			L.C. File  Fictitious Name File  Trade/Service Mark  Merger File  Art. of Amend. File
			RA Resignation  Dissolution / Withdrawal  Annual Report / Reinstatement  Cert. Copy
			Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name
Signature			Corp Record Search  Officer Search  Fictitious Search  Fictitious Owner Search
Requested by: Name	5/3/05 Date	8:40 Time	Vehicle Search
Walk-In	Will Pick Un	<b>)</b>	Courier

#### **ARTICLES OF ORGANIZATION**

OF

#### Samuel Williams, M.D., P.L.

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608 and F.S. Chapter 621, hereby make, acknowledge, and file the following Articles of Organization.

#### ARTICLE I - NAME:

The name of the limited liability company shall be:

Samuel Williams, M.D., P.L.

The specific nature of the business is emergency medicine.

#### **ARTICLE II - ADDRESS:**

The mailing address and street address of the principal office of the company shall be:

18500 O'Hara Drive Port Charlotte, Florida 33948

#### ARTICLE III - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the State of Florida is:

John E. Napolitano, Esquire 100 Wallace Avenue, Suite 240 Sarasota, FL 34237

Having been named as the 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 a the comply with the previsions 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

### ARTICLE IV - MANAGEMENT (Check box if applicable.)

The Limited Liability Company is to be ma managed company.	naged by one manager and is, a member
Samuel William Signature of M	•
(In accordance with section 608.408(3), Florida seconstitutes an affirmation under the penalties of pe	
	organizer has made and subscribed these day of how , 2005.  Samuel Williams, M.D.  Wanager
STATE OF FLORIDA COUNTY OF SARASOTA Sworn to and subscribed before me this day of who is personally [] known to me or [] produced dentification.	DM, 2005, by Samuel Williams, M.D.,
(Seal)	VIRGINIA M. ALLEGRETTI MY COMMISSION # DD 158040 EXPIRES: October 13, 2008 Baskad Trey, Nector Provide Unparentars