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LIMITED LIABILITY COMPANY

U. S. Medical Consultants of Florida LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
U. S. Medical Consultants of Florida LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **U. S. Medical Consultants of Florida LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 7700 Congress Avenue, Suite 3108, Boca Raton, Florida 33487.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: William McMillen, 22107 Martella Avenue, Boca Raton, Florida 33433. Located in the County of Palm Beach.

ARTICLE IV DURATION


The duration for the limited liability company shall be: 12/31/2045.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

U. S. Medical Consultants LLC, 7700 Congress Avenue, Suite 3108, Boca Raton, Florida 33487

Michael Zeide, 2306 Embassy Drive, West Palm Beach, Florida 33401


Business Filings Incorporated, Organizer
Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr. Suite 200, Madison, WI 53717

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FAX AUDIT # H05000126531 3CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **U. S. Medical Consultants of Florida
LLC**

The name and address of the registered agent and office is William McMillen, 22107
Martella Avenue, Boca Raton, Florida 33433. Located in the County of Palm Beach.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: 

William McMillen

Date: May 9, 2005

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TALLAHASSEE, FLORIDA

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