

Jul-06-2005 10:17am

From: RUDEN MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.

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Page 1 of 1

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LIMITED LIABILITY COMPANY

Physician's Health Management, LLC

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| Certificate of Status | 1 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$160.00 |

Electronic Filing Menu

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**ARTICLES OF ORGANIZATION
OF
PHYSICIAN'S HEALTH MANAGEMENT, LLC
a Florida Limited Liability Company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida do set forth the following:

1. **NAME.** The name of the limited liability company is PHYSICIAN'S HEALTH MANAGEMENT, LLC (the "Company").
2. **MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE.** The mailing and street address of the principal office of the Company is: 777 South Harbour Island Boulevard, Suite 940, Tampa, Florida 33602.
3. **REGISTERED AGENT.** The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization are: Ed Kaloust, 777 South Harbour Island Boulevard, Suite 940, Tampa, Florida 33602.

The undersigned has executed these Articles of Organization on the 30th day of June, 2005.

By: Ed Kaloust
Ed Kaloust, Authorized Person

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**CERTIFICATION OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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

1. The name of the limited liability company is: **PHYSICIAN'S HEALTH MANAGEMENT, LLC.**
2. The name and address of the registered agent and office are:

Ed Kaloust
777 South Harbour Island Boulevard, suite 940,
Tampa, Florida 33602

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 his 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.

Ed Kaloust
Ed Kaloust, Registered Agent

Date: 6-30-05

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