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LIMITED LIABILITY COMPANY

Zorayda J. Torres MD, PLLC

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ARTICLES OF ORGANIZATION OF ZORAYDA J. TORRES MD, PLLC
A FLORIDA LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name:

The name of the Professional Limited Liability Company is: ZORAYDA J. TORRES MD, PLLC

ARTICLE II — Address:

The mailing address and street address of the principal office of the professional limited liability company is:

2218 Campestre Terrace
Naples, FL 34119

ARTICLE III — Duration & Purpose:

The period of duration for the professional limited liability company shall be perpetual. It shall be operated for the purpose of operating a medical practice and it shall be permitted to engage in the transaction of any and all business activities permitted under the laws of Florida and the United States of America.

ARTICLE IV — Management:

The professional limited liability company is to be managed by the members and the name and address of the managing member is:

Zorayda J. Torres
2218 Campestre Terrace
Naples, FL 34119

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ARTICLE V — Admission of Additional Members:

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The members shall have the right to admit additional members and the terms and conditions of the admissions shall only be by consent of a majority of the members. A member may transfer her interest subject to the terms of certain Buy Sell Agreements, if any, or other Member Agreements in effect for this PLLC, 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/her interest approve of the proposed transfer by written consent. Each member must hold a Florida medical license and be in good standing with the State of Florida Dept. of Professional Regulation.

ARTICLE VI — Members' Rights to Continue Business

The remaining members of the professional limited liability company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be by consent of a majority of the members.

ARTICLE VII — Effective Date

The term of this company shall be effective on September 15, 2005.

ARTICLE VIII - Resident Agent

The name of the initial registered agent and the Florida street address of the registered agent and office shall be:

Arlene F. Austin
5811 Pelican Bay Blvd., Suite 201
Naples, FL 34108

IN WITNESS WHEREOF, the undersigned has signed these Articles of Organization and acknowledged them to be her free act on this 14th day of September, 2005.

Zorayda J. Torres
Zorayda J. Torres, Member/Mgr.

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NOTARY PUBLIC-STATE OF FLORIDA

State of Florida
County of Collier

On September 14, 2005, Zorayda J. Torres, [XX] who is personally known to me, or [] has produced a Florida driver's license as identification, personally appeared before me at the time of notarization, and acknowledged signing these Articles of Organization of ZORAYDA J. TORRES MD, PLLC, a Florida Professional Limited Liability Company.

Zorayda J. Torres
Notary Public: Arlene F. Austin
Commission Expiration Date

NOTARY PUBLIC-STATE OF FLORIDA
Arlene E. Austin
Commission # DD225263
Expires: AUG. 08, 2007
Bonded Thru Atlantic Bonding Co., Inc.

Commission Number:

(SEAL)

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


SEP 14 2005

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES,
THE UNDERSIGNED PROFESSIONAL LIMITED LIABILITY COMPANY 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: Zorayda J. Torres MD, PLLC.
2. The name and the Florida street address of the registered agent and registered office are:

Arlene F. Austin
5811 Pelican Bay Blvd., Suite 201
Naples, FL 34108

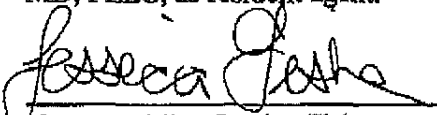
Having been named as registered agent and to accept service of process for the above stated professional limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions 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



Arlene F. Austin, Esq.
Registered Agent

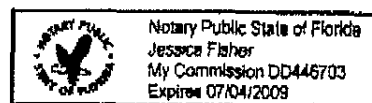
State of Florida
County of Collier

On September 14, 2005, Arlene F. Austin, designated above as the individual who shall serve as the initial registered agent for Zorayda J. Torres MD, PLLC, who is personally known to me [XX], or produced a Florida driver's license as identification, personally appeared before me at the time of notarization, and acknowledged signing these Articles of Organization of Zorayda J. Torres MD, PLLC, as resident agent.



Notary Public: Jessica Fisher
State of Florida

(SEAL)



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