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LIMITED LIABILITY COMPANY**PRS Partners LLC**

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FAX AUDIT # H050002661063

**ARTICLES OF ORGANIZATION
OF
PRS Partners LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **PRS Partners LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 2411 14th Street West, Bradenton, Florida 34205.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Raja Nalluri, M.D., 2411 14th Street West, Bradenton, Florida 34202. Located in the County of Manatee.

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 Managers and the names and addresses of the managers of the Limited Liability Company are:

Raja Nalluri, M.D., 2411 14th Street West, Bradenton, Florida 34205
Phong Nguyen, M.D., 2411 14th Street West, Bradenton, Florida 34205

SECRETARY
TALLAHASSEE, FLORIDA

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APPROVED
AND
FILED


Business Filings Incorporated, Organizer
Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr. Suite 200,
Madison, WI 53717
(608) 827-5300

FAX AUDIT # H050002661063

FAX AUDIT # H050002661063CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

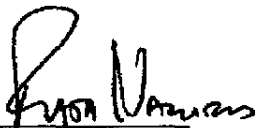
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **PRS Partners LLC**

The name and address of the registered agent and office is Raja Nalluri, M.D., 2411 14th
Street West, Bradenton, Florida 34202. Located in the County of Manatee.

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: _____

Raja Nalluri, M.D.

Date: October 27, 2005

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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