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LIMITED LIABILITY COMPANY

APARNA ELIGETI, M.D., P.L.C.

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ARTICLES OF ORGANIZATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

OF

APARNA ELIGETI, M.D., P.L.C.

a Florida Professional Limited Liability Company

ARTICLE I NAME

The name of this Professional Limited Liability Company is APARNA ELIGETI, M.D., P.L.C. (the "Company").

ARTICLE II ADDRESS

The mailing address of the Professional Limited Liability Company is:

5441 SW 30th Avenue Ocala, FL 34474

The street address of the principal office of the Professional Limited Liability Company is:

5441 SW 30th Avenue Ocala, FL 34474

ARTICLE III DURATION

The Company's existence shall commence upon the acceptance of the Articles of Organization by the Secretary of State of Florida and shall continue in existence until the expiration of firity (50) pears from such commencement date, unless sooner terminated, liquidated, or dissolved by law or by the unanimous consent of the Members.

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Alan S. Gassman Esquire 1245 Court Street, Snite 102 Clearwater, FL 13756 (727) 142-1200 Fiorida Bar # 371750

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ARTICLE IV MANAGEMENT

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The Professional Limited Liability Company is to be managed by its sole Member and the name and address of such Member who is to serve is:

APARNA ELIGETI, M.D. 5441 SW 30th Avenue Ocala, FL 34474

ARTICLE V ADMISSION OF NEW MEMBERS

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

The manager may admit new members in its sole and unfettered discretion subject only to the condition that such additional member must agree in writing to be bound as a member by the Operating Agreement of the Company.

ARTICLE VI MEMBERS RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the professional limited liability company 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 professional limited liability company shall be:

The leath, 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 professional limited liability company shall not terminate the company, and the business of the company shall be automatically continued, so long as there is at least one remaining member.

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ARTICLE VI NATURE OF BUSINESS

The surpose for which the professional limited liability company is organized shall be to engage in and carry on all branches of the practice of medicine within the State of Florida, and to do those things that are necessary or proper in connection with that practice.

AUTHORIZED REPRESENTATIVE OF MEMBER APARNA ELIGETI, M.D., P.L.C.

ALAN S. GASSMAN

STATE OF FLORIDA)
COUNTY OF PINELLAS)

The foregoing instrument was acknowledged before me this 30th day of 10000 day of 2000, by ALANS. GASSMAN, as Authorized Representative of APARNA ELIGETI, M.D., P.L.C., who is personally known to me.

With ess my hand and official seal in the county and state last aforesaid on the day and year first written above.

Notary Public / State of Florida My Commission Expires:



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ACCEPTANCE OF REGISTERED AGENT

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 Fegistered Agent in the State of Florida:

The name of the Professional Limited Liability Company is: APARNA ELIGETI, M.D., P.L.C.

The name and Florida street address of the Registered Agent are:

Alan S. Gassman, Esquire 1245 Court Street Suite 102 Clearwater, FL 33756

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 collaboration 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.

(SEAL)

ALANS, GASSMAN

JASEL GETTAPII, RNA ELIGETT, M.D., P.L.CArticles of Organization.1, wpd tja 11/20/05