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From:

Account Name : MACFARLANE FERGUSON & MCMULLEN (CLEARWATER)
Account Number : 0710050001001
Phone : (727) 441-8966
Fax Number : (727) 442-8470

DIVISION OF CORPORATION

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RECEIVED

LIMITED LIABILITY COMPANY

St. Anthony's Primary Care, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
ST. ANTHONY'S PRIMARY CARE, LLC**

ARTICLE I - Name:

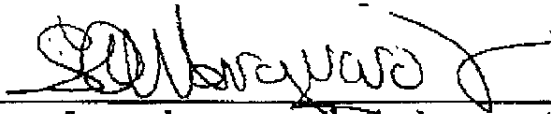
The name of the Limited Liability Company is **St. Anthony's Primary Care, LLC.**

ARTICLE II - Address:

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

1200 Seventh Ave N.
St. Petersburg, Florida 33705

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 5th day of December, 2005.



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Emil C. Marquardt, Jr.
Typed or printed name of signee

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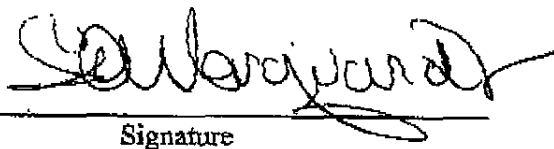
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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

1. The name of the limited liability company is **St. Anthony's Primary Care, LLC.**
2. The name and the Florida street address of the registered agent are:

**Emil C. Marquardt, Jr.
625 Court Street, Suite 200
Clearwater, FL 33756**

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 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

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