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To:

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From:

Account Name : HOLBROOK, AKEL, COLD, STIEFEL & RAY, P.A.  
Account Number : I20020000128  
Phone : (904) 356-6311  
Fax Number : (904) 356-7330

**LIMITED LIABILITY COMPANY**

**Comprehensive Medical Practice Management, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION  
OF  
COMPREHENSIVE MEDICAL PRACTICE MANAGEMENT, LLC

The undersigned, intending to form and create a Limited Liability Company, as defined in Chapter 608 of the Florida Statutes, hereby files these Articles of Organization and states:

ARTICLE I  
NAME AND ADDRESS

The name of the Limited Liability Company is COMPREHENSIVE MEDICAL PRACTICE MANAGEMENT, LLC. The principal office address and mailing address are c/o JULIE A. LOGAN, 9574 Hildreth Lane, Fernandina Beach, Florida 32034.

ARTICLE II  
REGISTERED AGENT AND OFFICE

The name and street address of the Limited Liability Company's initial registered agent and office are EDWARD C. AKEL, One Independent Drive, Suite 2301, Jacksonville, Florida 32202.

ARTICLE III  
MANAGEMENT

The Limited Liability Company is to be a manager-managed company. The name and address of the manager who shall serve as manager until a successor is elected and duly qualified is JULIE A. LOGAN, 9574 Hildreth Lane, Fernandina Beach, Florida 32034.


ARTICLE IV  
PURPOSE OF COMPANY

The purpose for which the company is formed is to engage in any lawful acts or activities for which limited liability companies may be formed under Chapter 608 of the Florida Statutes.

ARTICLE V  
EFFECTIVE DATE AND DURATION

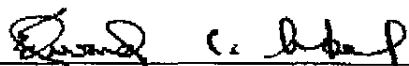
The Company shall be effective on filing and shall have perpetual duration.

SIGNED by the undersigned as the authorized representative of the member this 5th day of December, 2005

  
EDWARD C. AKEL

ACKNOWLEDGEMENT AND ACCEPTANCE  
OF REGISTERED AGENT OF  
COMPREHENSIVE MEDICAL PRACTICE MANAGEMENT, LLC

Having been named to accept service of process as registered agent for the above stated limited liability company, at the place designated in the Articles of Organization of the limited liability company to which this is attached, I hereby accept the appointment as registered agent and I agree to act in this capacity, and agree to comply with the provision of said act relative to keeping open the registered office at the address below.

  
EDWARD C. AKEL  
One Independent Drive, Suite 2301  
Jacksonville, Florida 32202

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