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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.

Account Number : 075471001383 Phone : (305)374~5600 Fax Number : (305)374-5095

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MICHELE J. LAPAYOWKER, D.O., P.L.

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ARTICLES OF ORGANIZATION OF

FILED

MICHELE J. LAPAYOWKER, B.O., P. L., a Florida professional limited liability company

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I: - Name

The name of the Limited Liability Company is: Michele J. Lapayowker, D.O., P.L.

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company is: 8781 N. Lake Dasha Drive, Plantation, Florida 33324.

ARTICLE III: - Purpose: The purpose of the Limited Liability Company and the nature of its business are as follows:

- To engage in the practice of medicine, in the specialty of obstetrics and gynecology, and to provide services incident thereto.
- To do everything necessary, proper and convenient for the accomplishment of such purpose and to do every act incident thereto which is lawfully permitted.

ARTICLE IV: - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are: Michele J. Lapayowker,
D.O. at 8781 N. Lake Dasha Drive, Plantation, Florida 33324.

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 as provided for in Chapter 608, F.S.

Registered Agent

Michele I. papayowkey D.O.

Michele I/Lapayowker, D.O.

Member

Signed and dated this 3rd day of January, 2006.

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