

LD60000/4832

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

FLORIDA PHYSICIAN ALLIANCE, LLC

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LD6-4832

**ARTICLES OF ORGANIZATION
OF
FLORIDA PHYSICIAN ALLIANCE, LLC**

1. Name. The name of this limited liability company is **FLORIDA PHYSICIAN ALLIANCE, LLC**, a Florida limited liability company (the "Company").

2. Duration. The Company shall be effective upon the filing of these Articles and shall thereafter have perpetual existence.

3. Purpose. The Company is organized for the purpose of transacting all lawful activities and businesses that may be conducted by a limited liability company under the laws of Florida.

4. Place of Business. The mailing and street address of the Company's principal office is 3500 East Fletcher Avenue, Suite 201, Tampa, Florida 33613.

5. Registered Agent and Office. The name of the initial registered agent of the Company is American Information Services, Inc. The street address of the initial registered agent of the Company is 401 East Jackson Street, Suite 1700, Tampa, Florida 33602.

6. Contributions to the Company. No cash or property (other than cash) has been contributed to the Company by its members. No additional contributions have been agreed upon.

7. Additional Members. Additional members to the Company may be admitted, but only upon the consent of the members of the Company at the time admission is sought.

8. Termination of Membership. Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or upon the occurrence of any other event which terminates the continued membership of a member in the Company, the Company shall be dissolved unless all remaining members agree in writing to continue the business of the Company.

9. Management of the Company. The Company shall be a member-managed limited liability company in accordance with the operating agreement adopted by all of the members.

The undersigned executed these Articles of Organization on the 9th day of February, 2006.



By: _____
Joseph Rugg, its authorized representative

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ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the above-named company, **FLORIDA PHYSICIAN ALLIANCE, LLC**, at the place designated herein, and being familiar with the obligations of that position, the undersigned hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete performance of these duties.

AMERICAN INFORMATION SERVICES, INC.



By: _____
Joseph Rugg, Vice President

Dated: February 9, 2006

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