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To:

Division of Corporations
Fax Number : (850) 205-0383

From: VERA TORRES

Account Name : LOWDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407) 843-4600
Fax Number : (407) 843-4444

Please arrange filing of the attached Articles of Organization and return a certification to me as soon as possible. Thank you for your assistance.

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DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

WATERFORD LAKES MEDICAL PLAZA, LLC

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3. BY FAX FEB 16 2006

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**ARTICLES OF ORGANIZATION
OF
WATERFORD LAKES MEDICAL PLAZA, LLC**

ARTICLE I NAME

The name of this limited liability company is Waterford Lakes Medical Plaza, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address of the principal office of the Company is Post Office Box 4170, Lake Wales, Florida 33853, and the street address of the principal office of the Company is 101 ABC Road, Lake Wales, Florida 33859.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 101 ABC Road, Lake Wales, Florida 33859, and the name of the initial registered agent of the Company at that address is Thomas E. Oakley.

Thomas E. Oakley
Thomas E. Oakley, Authorized Representative of a
Member

ACCEPTANCE OF REGISTERED AGENT

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 603, Florida Statutes.

Thomas E. Oakley
Thomas E. Oakley