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

From: Vera Torres
Account Name : LOWMEDES, 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.

FLORIDA/FOREIGN LIMITED LIABILITY CO.

METROWEST MEDICAL PLAZA, LLC

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION
OF
METROWEST MEDICAL PLAZA, LLC**

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DIV. OF REVENUE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this limited liability company is MetroWest 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 608, Florida Statutes.

Thomas E. Oakley

Thomas E. Oakley