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ACCOUNT NO. : 072100000032 REFERENCE: 893088 7199649 AUTHORIZATION : COST LIMIT : ORDER DATE: February 28, 2006 ORDER TIME: 4:33 PM ORDER NO. : 893088-010 CUSTOMER NO: 7199649 DOMESTIC FILING NAME: MY DOCTOR'S CHOICE HOLDINGS, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY \_ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS:

#### ARTICLES OF ORGANIZATION

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OF

#### MY DOCTOR'S CHOICE HOLDINGS, LLC

Pursuant to the provisions of Chapter 608, Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida, the following are the Articles of Organization for MY DOCTOR'S CHOICE HOLDINGS, LLC (the "Company"):

#### ARTICLE I NAME

The name of the limited liability company is MY DOCTOR'S CHOICE HOLDINGS, LLC (the "Company").

## ARTICLE II MAILING ADDRESS AND PRINCIPAL PLACE OF BUSINESS

The mailing address and principal place of business of the Company is 3702 Washington St., Suite 305, Hollywood, Florida 33021.

### ARTICLE III INITIAL REGISTERED AGENT

The name and address of the initial registered agent for the Company in Florida is Alexsis Pecuch, 3702 Washington St., Suite 305, Hollywood, Florida 33021.

IN WITNESS WHEREOF, the undersigned authorized representative of MY DOCTOR'S CHOICE HOLDINGS, LLC has executed these Articles of Organization as of February 21, 2006.

Alexsis Pecuch, Authorized Representative

CERTIFICATE DESIGNATING THE ADDRESS AND AN AGENT UPON WHOM PROCESS MAY BE SERVED

WITNESSETH:

That MY DOCTOR'S CHOICE HOLDINGS, LLC, desiring to organize under the laws of the State of Florida, has named Alexsis Pecuch, whose offices are located at 3702 Washington St., Suite 305, Hollywood, Florida 33021, as its agent to accept service of process within this state.

ACKNOWLEDGMENT:

Having been named to accept service of process for the above-stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with, and accept the duties and obligations of a registered agent outlined in Section 608.415, Florida Statutes.

Dated this 21st day of February, 2006.

Registered Agent' Signature