

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
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DIVISION OF CORPORATION

FLORIDA/FOREIGN LIMITED LIABILITY CO.

joseph f. francois, do medical practice, llc

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ARTICLE I - Name:

JOSEPH F. FRANCOIS, DO MEDICAL PRACTICE, LLC

ARTICLE II - Address:

Principal Office Address:

Mailing Address:

<SAME>

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

PHYSICIANS LAW CENTER, LLC

Name _____

3452 W. Boynton Beach, Blvd.

Florida street address (P.O. Box **NOT** acceptable)

Boynton Beach. FL 33436

City, State, and Zip

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..

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Handwritten signature: *Handwritten signature*

SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 MAR 23 AM 10:09

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Joseph F. Francois, DO

136 Napa Ridge Way


Naples, Florida 34119

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DIVISION OF CORPORATIONS
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

 Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Joseph F. Francois

Typed or printed name of signee

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