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Division of Corporations

1111 KANE CONCOURSE, #401 FAX NO.

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DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SOUTH LAKE MEDICAL ARTS CENTER I, LLC

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## ARTICLES OF ORGANIZATION

OF

### SOUTH LAKE MEDICAL ARTS CENTER I, LLC A Florida Limited Liability Company

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **Name.** The name of the limited liability company is: **SOUTH LAKE MEDICAL ARTS CENTER I, LLC** (the "Company").
2. **Mailing and Street Address of Principal Office.** The mailing and street address for the Company is: **552 South Highway 27, Suite A, Minneola, Florida 34715.**
3. **Registered Agent.** The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: **John Schmid, 552 South Highway 27, Suite A, Minneola, Florida 34715.**
4. **Management.** The business of the limited liability company shall be managed by one or more managing members and is, therefore, a member-managed company.

The undersigned has executed these Articles of Organization on the 21st day of March, 2006.

By:



John Schmid, Authorized Representative

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**CERTIFICATION OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: SOUTH LAKE MEDICAL ARTS CENTER I, LLC.
2. The name and address of the registered agent and office is:

John Schmid  
552 South Highway 27, Suite A  
Minneola, Florida 34715

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 its 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.

  
John Schmid, Registered Agent

3-24-06  
(Date)

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