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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Women's Healthcare Physicians Properties, LLC

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N. Gilligan APR 12 2006

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ARTICLES OF ORGANIZATION
OF
WOMEN'S HEALTHCARE PHYSICIANS PROPERTIES, LLC
(A Florida Limited Liability Company)

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I
NAME

The name of the limited liability company (hereinafter referred to as the "Company") is WOMEN'S HEALTHCARE PHYSICIANS PROPERTIES, LLC.

ARTICLE II
ADDRESS

The mailing address and street address of the principal office of the Company is:

775 First Avenue North
Naples, Florida 34102

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ARTICLE III
REGISTERED AGENT

The name and the Florida street address of the initial registered agent are:

Wallace W. McLean, M.D.
775 First Avenue North
Naples, Florida 34102

ARTICLE IV
MANAGEMENT

The Company is to be managed by the members.

ARTICLE V
LIMITATION ON AGENCY AUTHORITY OF MEMBERS

Pursuant to Section 608.4235 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

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IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 10 day of April, 2006.

WALLACE W. MCLEAN, M.D.

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is WOMEN'S HEALTHCARE PHYSICIANS PROPERTIES, LLC.

2. The name and the Florida street address of the registered agent and registered office are:

Wallace W. McLean, M.D.
775 First Avenue North
Naples, Florida 34102

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.

WALLACE W. MCLEAN, M.D.

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