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SECRETARY OF ST

AUSLEY & MCMULLEN

ATTORNEYS AND COUNSELORS AT LAW

227 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560
Writer's Direct Line: (850) 425-5319

June 13, 2006



Secretary of State 2661 Executive Center Circle West Tallahassee, Florida 32301

VIA HAND DELIVERY

Re: J. Lucas Koberda, M.D., PhD., Neurology, PL

Dear Madam/Sir:

Enclosed are an original and one copy of the Articles of Organization for J. Lucas Koberda, M.D., PhD., Neurology, PL. These Articles include Registered Agent and Registered Office designation for this company.

This firm's check in the amount of \$155.00 is enclosed, comprised of the \$100.00 filing fee, \$25.00 Designation of Registered Agent fee, and \$30.00 certified copy fee.

Please do not hesitate to call me at (850) 425-5319 if you have any questions. Let me know when the certified copy and certificate of filing are ready and we will have our messenger return to pick them up.

Thank you in advance for your assistance.

Sincerely,

Beth Dyal

Assistant to Tim Leadbeater

/bd Enclosures

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ARTICLES OF ORGANIZATION OF J. LUCAS KOBERDA, M.D., PhD., NEUROLOGY, PL

The undersigned, pursuant to the provisions of Chapters 608 and 621, Florida Statutes, provides the following information for the purpose of forming a Professional Limited Liability Company under the laws of the State of Florida.

ARTICLE 1. Name

The name of the Professional Limited Liability Company is J. LUCAS KOBERDA, M.D., PhD., NEUROLOGY, PL

ARTICLE 2. Address

The street and mailing address of the place of business in Florida is:

Attn.: **J. LUCAS KOBERDA, M.D., PhD.**2868 Mahan Dr.
Suite 5
Tallahassee, FL 32308

ARTICLE 3. Purpose

The purpose for which this Professional Limited Liability Company is formed is to engage in the practice of medicine.

ARTICLE 4. Registered Agent and Registered Office

The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are:

J. LUCAS KOBERDA, M.D., PhD. 2868 Mahan Dr. Suite 5 Tallahassee, FL 32308 Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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.

J. LUCAS KOBERDA, M.D., PhD. Registered Agent

ARTICLE 5. Management

The Professional Limited Liability Company shall be managed by its Member and is, therefore, a Member-managed company.

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

J. LUCAS KOBERDA, M.D., PhD.

Member