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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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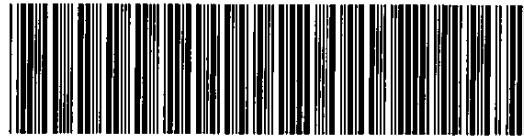
(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUL -6 PM 1:30

B. Tadlock JUL 10 2006



Attorneys & Counselors  
A Professional Corporation

KITCH DRUTCHAS WAGNER VALITUTTI & SHERBROOK

One Woodward Avenue, Suite 2400  
Detroit, Michigan 48226-5485  
P 313.965.7900 F 313.965.7403  
www.kitch.com

June 29, 2006

Department of State  
Division of Corporations  
Corporate Filings  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Mark F. Blake, M.D., L.L.C.

To Whom It May Concern:

Enclosed please find an original and one copy of the Articles of Organization. Also enclosed you will find my check in the amount of \$125.00 which pays the filing fee of \$100.00 and the Registered Agent fee of \$25.00.

Please file and provide a "filed" copy to me, together with any information you commonly provide to new LLC's. Please forward the materials to:

Daniel R. Shirey  
KITCH DRUTCHAS WAGNER VALITUTTI & SHERBROOK  
One Woodward Avenue, Suite 2400  
Detroit, Michigan 48226

For further information concerning this matter, please contact the undersigned.

For the Firm,

Daniel R. Shirey  
Direct Line: (313) 965-7585  
Email: daniel.shirey@kitch.com

DRS:jlb  
Enclosures

DET02\1121735.1

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is: **Mark F. Blake, M.D., L.L.C.**

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: **1301 St. Tropez Circle, Apt. 2113, Weston, Florida 33326**

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Mark F. Blake, M.D.

Name

1301 St. Tropez Circle, Apt. 2113

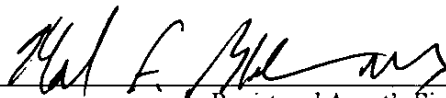
Florida street address (P.O. Box **NOT** acceptable)

Weston, Florida 33326

City, State, and Zip

06 JUL -6 PM 1:30  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*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.*



Registered Agent's Signature

### Article IV - Management (Check box if applicable.):

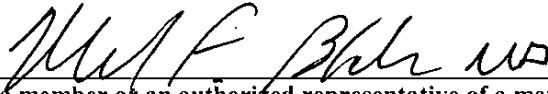


The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

### Article V - Purpose and Members:

The purpose of the Limited Liability Company is to engage in the practice of Medicine for pecuniary profit in the State of Florida. All members of the limited liability company shall be professional service corporations, professional limited liability companies, or individuals, in any combination, duly licensed or otherwise legally authorized to practice medicine in the State of Florida.

**Article VI - Effective Date:**

A handwritten signature in cursive script, appearing to read "Mark F. Blake, M.D.", written over a horizontal line.

**Signature of a member of 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.)

**Mark F. Blake, M.D.**

Typed or printed name of signer