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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

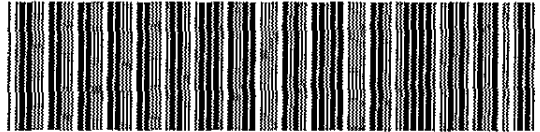
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOTAL DOCTOR SOLUTIONS, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PETER J. MUNSON, ESQUIRE

(Name of Person)

MACFARLANE FERGUSON & MCMULLEN

(Firm/Company)

1501 SOUTH FLORIDA AVENUE

(Address)

LAKELAND, FLORIDA 33803

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

PETER MUNSON

(Name of Person)

at (863) 680-9908

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION
OF
TOTAL DOCTOR SOLUTIONS, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge and file the following Articles of Organization.

Article I - Name

The name of the limited liability company shall be **TOTAL DOCTOR SOLUTIONS, LLC** (ACompany@).

Article II - Principal Place of Business and Address

The principal place of business and the address of the Company in Florida shall be 1003 South Florida Avenue, Lakeland, Florida 33803, and its mailing address is the same.

Article III - Duration

The Company shall have perpetual duration.

Article IV - Purposes and Powers

The general purpose for which the Company is organized is to transact any lawful business for which a limited liability company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

Article V - Registered Office and Agent

The name and street address of the registered agent of the Company in the State of Florida is **SAMUEL T. HEARD**, 1003 South Florida Avenue, Lakeland, Florida 33803.

Article VI - Management

The management of the Company shall be reserved to its Members.

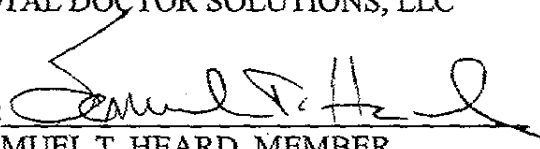
Article VII - Regulations

The members of the Company shall hereafter adopt the Regulations for the setting forth all the terms, provisions, conditions and covenants by which the Company will be governed.

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IN WITNESS WHEREOF, the undersigned member has made a subscribed these Articles of Organization at Lakeland, Florida, for the foregoing uses and purposes this 17th day of July, 2006.


TOTAL DOCTOR SOLUTIONS, LLC

By: 
SAMUEL T. HEARD, MEMBER

STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me on this 17th day of July, 2006 by SAMUEL T. HEARD, who is personally known to me.

(Notary Seal)

 Lois A. Conyers
My Commission DD366215
Expires January 12, 2009


Notary Public

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ACCEPTANCE

Having been named to accept service of process for TOTAL DOCTOR SOLUTIONS, LLC at the place designated as sated in these Articles of Organization, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the duties and obligations of Chapter 608, Florida Limited Liability Company Act.

DATED this 17th day of July, 2006.


SAMUEL T. HEARD
Registered Agent

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