

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L06000088646  
FILED 8:00 AM  
September 11, 2006  
Sec. Of State  
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**Article I**

The name of the Limited Liability Company is:  
HEALTHCARE PROFESSIONAL TRAINING, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
5200 W NEWBERRY RD  
SUITE E-9  
GAINESVILLE, FL. 32607

The mailing address of the Limited Liability Company is:  
5200 W NEWBERRY RD  
SUITE E-9  
GAINESVILLE, FL. 32607

**Article III**

The purpose for which this Limited Liability Company is organized is:  
PROVIDING VARIOUS TYPES OF SPECIALIZED HEALTHCARE CAREER  
DEVELOPMENT TO INDIVIDUALS OR GROUPS AND PLACEMENT OF  
INDIVIDUALS FOR FULL-TIME EMPLOYMENT WITH HEALTHCARE  
CORPORATIONS OR MEDICAL CENTERS FOR REFERRAL FEE.

**Article IV**

The name and Florida street address of the registered agent is:  
LYNTRESSA D GRANT  
1206 SW 75TH DRIVE  
GAINESVILLE, FL. 32607

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.

Registered Agent Signature: LYNTRESSA D. GRANT RN MSN

### **Article V**

The name and address of managing members/managers are:

Title: MGR  
LYNTRESSA D GRANT  
1206 SW 75TH DRIVE  
GAINESVILLE, FL. 32607

Title: MGR  
BEEJAL PATEL  
516 WHITE AVENUE  
LIVE OAK, FL. 32064

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### **Article VI**

The effective date for this Limited Liability Company shall be:

09/05/2006

Signature of member or an authorized representative of a member

Signature: LYNTRESSA D. GRANT