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(City/State/Zip/Phone #)

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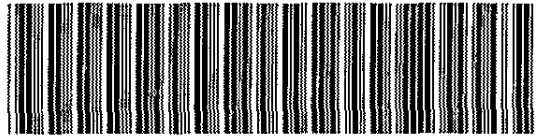
(Business Entity Name)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*Multi-Specialty Medical
Complex, LLC*

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- ☐ Art of Inc. File _____
- ☐ LTD Partnership File _____
- ☐ Foreign Corp. File _____
- ☒ L.C. File _____
- ☐ Fictitious Name File _____
- ☐ Trade/Service Mark _____
- ☐ Merger File _____
- ☐ Art. of Amend. File _____
- ☐ RA Resignation _____
- ☐ Dissolution / Withdrawal _____
- ☒ Annual Report / Reinstatement _____
- ☐ Cert. Copy _____
- ☐ Photo Copy _____
- ☐ Certificate of Good Standing _____
- ☐ Certificate of Status _____
- ☐ Certificate of Fictitious Name _____
- ☐ Corp Record Search _____
- ☐ Officer Search _____
- ☐ Fictitious Search _____
- ☐ Fictitious Owner Search _____
- ☐ Vehicle Search _____
- ☐ Driving Record _____
- ☐ UCC 1 or 3 File _____
- ☐ UCC 11 Search _____
- ☐ UCC 11 Retrieval _____
- ☐ Courier _____

Signature _____

Requested by: *WC*

Name _____

Date *10/10*

Time *3:45*

Walk-In _____

Will Pick Up _____

ARTICLES OF ORGANIZATION
FOR
Multi-Specialty Medical Complex, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned member hereby certifies to the following in order to form a Limited Liability Company under Chapter 608, Florida Statutes.

ARTICLE I - NAME

The name of the Limited Liability Company is Multi-Specialty Medical Complex, LLC.

ARTICLE II - DURATION

This Limited Liability Company shall commence its existence on the date these Articles of Organization are filed with the Florida Department of State. The Company shall exist perpetually, unless the Company is earlier dissolved in accordance with either the provisions of these Articles of Organization, the Operating Agreement or the Florida Limited Liability Company Act.

ARTICLE III - PLACE OF BUSINESS

The mailing address and the street address of this Limited Liability Company shall be 320 First Street N., Winter Haven, Florida, 33881, and such other place or places as the members from time to time may determine.

ARTICLE IV - REGISTERED AGENT

The street address of the initial registered office of this Limited Liability Company is 106 Avenue F SW, Winter Haven, Florida 33880, and the name of the initial registered agent at that address is BARRY W. BENNETT.

ARTICLE V - MANAGEMENT OF BUSINESS

The Limited Liability Company is to be managed by its Members and the names and addresses of the members are:

KOLLAGUNTA S. CHANDRASEKHAR
320 First St. N.
Winter Haven, FL 33881

CAROLYN D. PASS
134 Lake Mariani Way
Winter Haven, FL 33884

ARTICLE VI - REGULATIONS

At the time of executing these articles or organization, the members of the Limited Liability Company shall adopt regulations known as an "Operating Agreement" containing all provisions for the regulation and management of this Company not inconsistent with law and these articles.

The power to alter, amend or repeal these regulations shall be vested in the members of this Company.

ARTICLE VII - ADMISSION OF ADDITIONAL MEMBERS

No additional members shall be admitted to the Company except with the unanimous written consent of all the members of the Company and upon such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the Company as set forth in the regulations of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a member unless all the other members of the Company other than the member proposing to dispose of his or her interest approve of the proposed transfer by unanimous written consent.

ARTICLE VIII - MEMBERS RIGHTS TO CONTINUE BUSINESS

Upon the death, bankruptcy or dissolution of a member or upon the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company, the business of the Limited Liability Company may be continued by the consent of all the remaining members if there is at least one (1) remaining member.

ARTICLE IX - AMENDMENTS

These articles, except with respect to the vested rights of the members, may be amended from time to time by unanimous consent of the members, and a certificate of amendment shall be filed, duly signed by all members of the Company, with the Florida Department of State.

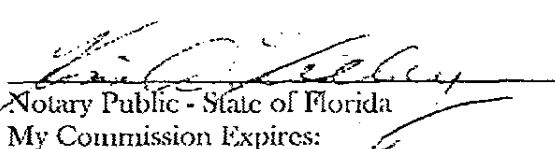
IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on the 12th day of October, 2006.


KOLLAGUNTA S. CHANDRASEKHAR

STATE OF FLORIDA
COUNTY OF POLK

I HEREBY CERTIFY that on this day, before me a Notary Public duly authorized in the state and county named above to take acknowledgments, personally appeared KOLLAGUNTA S. CHANDRASEKHAR (☒) who is personally known to me or (☐) who has produced _____ as identification, known to me to be a member of Multi-Specialty Medical Complex, LLC, and who executed the foregoing Articles of Organization and who acknowledged before me that he subscribed to these Articles of Organization.

WITNESS my hand and official seal in the county and state named above, this 12th day of October, 2006.


Notary Public - State of Florida
My Commission Expires:
My Commission No.



My Commission Expires July 30, 2007
My Commission No. 266786

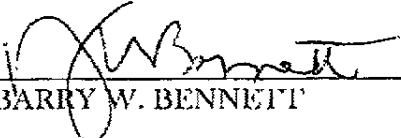
CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

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 Multi-Specialty Medical Complex, LLC.
2. The name and the Florida street address of the registered agent are:

BARRY W. BENNETT
106 Avenue F SW
Winter Haven, Florida 33880

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.


BARRY W. BENNETT

Oct. 10, 2006
(DATE)