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To: Division of Corporations Fax Number : (850)205-0383 From: Account Name : SHUTTS & BOWEN LLP OFERATING ACOUNT Account Number : I20030000037 Phone : (561)835-8500 Fax Number : (561)650-8530	2006 OCT 17 AM 9:	FILED SECRETARY OF STAT DIVISION OF CORPUTED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Institute for Women's Health & Body of Jupiter, PL

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ARTICLES OF ORGANIZATION FOR FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Professional Limited Liability Company is:

INSTITUTE FOR WOMEN'S HEALTH & BODY OF JUPITER, PL

ARTICLE II - Address

The mailing address and the street address of the principal office of the Professional Limited Liability Company is:

Mailing and Street Address: 560 Village Blvd., Ste. 335 West Palm Beach, FL 33409 Attn: Christine McKenna

ARTICLE III - Registered Agent and Office

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

Registered Agent:

Street Address

Christine McKenna

560 Village Blvd. Suite 335 West Palm Beach, Florida 33409

ARTICLE IV - Management

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

Date: October 13, 2006

INSTITUTE FOR WOMEN'S HEALTH & BODY OF JUPITER, PL a Florida professional limited liability company

By: <u>[Amalual]</u> If <u>Kenna</u> Christine McKenna, as authorized agent for Physicians Management Services, LLC, Manager

(In secondance with section 605.408(3), Firnide Statutes, the execution of this affidavit constitutes an affirmation under the peoplities of parjury that the facts stated herein are true.)

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REGISTERED AGENT ACCEPTANCE

Having been named to accept service of process for the above stated professional limited liability company at the address designated in this certificate pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete discharge of its duties.

Christine McKenna

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FILING FEES: \$100.00 Filing Fee for Anticles of Organization \$25.00 Designation of Registered Agent \$30.00 Certified Copy (OPTIONAL) \$5.00 Certificate of Status (OPTIONAL)

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