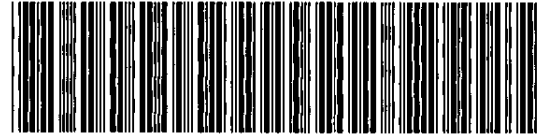


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03/29/07--01014--019 **155.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

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TALLAHASSEE, FLORIDA

CONTACT: TRAY SPEAR

DATE: 03/29/07

REF. #: 000174.66131

CORP. NAME: HEALTH MATTERS OF SARASOTA, PL

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 1146 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION

HEALTH MATTERS OF SARASOTA, PL,
a Florida professional limited liability company

FILED
07 MAR 29 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The business and affairs of the Professional Limited Liability Company shall be conducted under the name of:

HEALTH MATTERS OF SARASOTA, PL

ARTICLE II PRINCIPAL OFFICE

The street address and mailing address of the principal place of business of the Professional Limited Liability Company within the State of Florida shall be:

8214 Shadow Pine Way
Sarasota, Florida 34238

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Professional Limited Liability Company and its initial registered agent shall be:

John Y. Choy
8214 Shadow Pine Way
Sarasota, Florida 34238

ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Professional Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Professional Limited Liability Company.

ARTICLE V
PURPOSES

The purposes of the Professional Limited Liability Company are to engage in the practice of medicine and any activity or business permitted under the laws of the United States and the State of Florida.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the 27th day of March, 2007.

WITNESSES:

Print Name: _____



John Y. Choy

Print Name: _____

“MANAGER”

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Professional 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 Professional Limited Liability Company is:

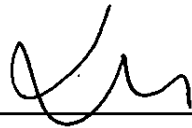
HEALTH MATTERS OF SARASOTA, PL

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

John Y. Choy
8214 Shadow Pine Way
Sarasota, Florida 34238

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: 3/27/07



John Y. Choy

“REGISTERED AGENT”