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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**LAKE NONA MEDICAL SUMMIT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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**ARTICLES OF ORGANIZATION  
OF  
LAKE NONA MEDICAL SUMMIT, LLC**

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

**ARTICLE I**

Name. The name of the limited liability company shall be "Lake Nona Medical Summit, LLC" ("Company").

**ARTICLE II**

Address. The mailing address and street address of the principal office of the Company shall be 1750 Via Tuscany, Winter Park, Florida 32789.

**ARTICLE III**

Duration. The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the Company is earlier dissolved as provided in the operating agreement of the Company.

**ARTICLE IV**

Initial Registered Office and Agent. The street address of the initial registered office of the Company is 111 North Orange Avenue, Suite 1200, Orlando, FL 32801 and the name of the initial registered agent of the Company at that address is Scott E. Johnson.

**ARTICLE V**

Management. The Company shall be managed by a manager or managers in accordance with an operating agreement adopted by the members for the management of the business and affairs of the Company. The operating agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of

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Organization. The name and address of the initial manager of the Company is:


NAME

Shahriar Ekbatani

ADDRESS

1750 Via Tuscany  
Winter Park, Florida 32789

IN WITNESS WHEREOF, the undersigned does set his hand and seal and has acknowledged and filed the foregoing Articles of Organization under the laws of the State of Florida this 16<sup>th</sup> day of April, 2007

  
Shahriar Ekbatani  
Manager

STATE OF FLORIDA  
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared James Ekbatani, [ ] personally known to me or [ ] who produced a drivers license as proper identification, to be the person described in and who executed the foregoing Articles of Organization and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 16<sup>th</sup> day of April, 2007.

  
NOTARY PUBLIC



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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE  
UNDERSIGNED SUBMITS THE FOLLOWING STATEMENT ACCEPTING APPOINTMENT  
AS REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the limited liability company is Lake Nona Medical Summit, LLC.
2. As designated in the Articles of Organization filed with this certificate, the name and the Florida street address of the registered agent is:

Scott E. Johnson  
111 North Orange Avenue, Suite 1200  
Orlando, Florida 32801

3. The street address of the registered office and the street address of the business office of the registered agent are identical.

*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.*

  
\_\_\_\_\_  
Scott E. Johnson

April 16, 2007

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