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From:

Jay C. Senterfitt, P.A.
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305) 374-5600
Fax Number : (305) 374-5095

07 MAY -8 AM 8:36

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

TAMPA MEDICAL PAVILION MANAGEMENT, LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR**

TAMPA MEDICAL PAVILION MANAGEMENT, LLC

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DIVISION OF CORPORATIONS
07 MAY - 8 AM 8:36

ARTICLE I - Name:

The name of the Limited Liability Company is:

TAMPA MEDICAL PAVILION MANAGEMENT, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 11811 North Dale Mabry Highway, Tampa, Florida 33618.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

American Information Services, Inc.
One S.E. Third Avenue, 28th Floor
Miami, Florida 33131


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 as provided for in Chapter 608, F.S.

American Information Services, Inc.

By: Nery Toledo, Asst. Sec.
Nery Toledo, Assistant Secretary

ARTICLE IV - Management:

The Limited Liability Company is a manager-managed company.



Marshall R. Burack, Esq.
Authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Marshall R. Burack, Esq.
Typed or printed name of signee

Signed and dated this 8th day of May, 2007.