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Account Number : I20020000128

Phone

: (904)356-6311

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FLORIDA/FOREIGN LIMITED LIABILITY

Ng & Anderson Medical Office, LLC

| Certificate of Status | 1 |
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ARTICLES OF ORGANIZATION

OF

NG & ANDERSON MEDICAL OFFICE, LLC

The undersigned, the authorized representative of a member, intending to form and create a Limited Liability Company, as defined in Chapter 608 of the Florida Statutes, hereby files these Articles of Organization and states:

ARTICLE I NAME AND ADDRESS

The name of the Limited Liability Company is NG & ANDERSON MEDICAL OFFICE, LLC. The principal office address and mailing address is c/o RAPHAEL NG, 1690 US 1 South, Suite D, St. Augustine, Florida 32084.

ARTICLE II REGISTERED AGENT AND OFFICE

The name and street address of the Limited Liability Company's initial registered agent and office is RAPHAEL NG, 1690 US 1 South, Suite D, St. Augustine, Florida 32084.

ARTICLE III MANAGEMENT; MANAGER

The Limited Liability Company is to be a manager managed company. The name and address of the managers who shall serve as manager until a successor is elected and duly qualified are: ω

| Managers | Street Address and Mailing Address |
|---------------------|--|
| Raphael Ng, M.D. | 1690 US 1 South, Suite D St. Augustine, Florida 32084 |
| Luis Anderson, M.D. | 1690 US 1 South, Suite D St. Augustine, Florida 32084 |

ARTICLE IV PURPOSE OF COMPANY

The purpose for which the company is formed is to engage in any lawful acts or activities for which limited liability companies may be formed under Chapter 608 of the Florida Statutes.

ARTICLE V EFFECTIVE DATE AND DURATION

The Company shall be effective on August 21, 2007 and shall have perpetual duration.

SIGNED by the undersigned as the authorized representative of a member this 21st day of August, 2007.

EDWARD C. AKEL

ACKNOWLEDGEMENT AND ACCEPTANCE OF REGISTERED AGENT OF NG & ANDERSON MEDICAL OFFICE, LLC

Having been named to accept service of process as registered agent for the above stated limited liability company, at the place designated in the Articles of Organization of the limited liability company to which this is attached, I hereby accept the appointment as registered agent and I agree to act incorporate the capacity, and agree to comply with the provision of said act relative to keeping open the registered office at the address below.

Zun C, Man C. AKEL

One Independent Drive, Suite 2301 Jacksonville, Florida 32202