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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Magnolia Family and Pediatric Health Care, L.L.C.

Certificate of Status	0
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FAX AUDIT # 40700002171223

**ARTICLES OF ORGANIZATION
OF
Magnolia Family and Pediatric Health Care, L.L.C.**

ARTICLE I NAME

The name of the limited liability company shall be: **Magnolia Family and Pediatric Health Care, L.L.C.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 112 SW Partridge Court, Lake City, Florida 32025.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Cammy Scott, 4424 NW American Lane, Suite 101, Lake City, Florida 32055. Located in the County of Columbia.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2047.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Stephanie Finnell, 112 SW Partridge Court, Lake City, Florida 32025
Stacey Cervantes, 129 SW Inwood Court, Lake City, Florida 32025



Date: August 23, 2007

Business Filings Incorporated, Organizer
Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200, Madison, WI 53717
(608) 827-5300

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FAX AUDIT #

4070002171223CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **Magnolia Family and Pediatric Health Care, L.L.C.**

The name and address of the registered agent and office is Cammy Scott, 4424 NW American Lane, Suite 101, Lake City, Florida 32055. Located in the County of Columbia.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: _____

Cammy Scott

Date: _____

8/27/07

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