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CAPITAL CONNECTION, INC.

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*Comprehensive Physician
Solutions, LLC*

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- ☐ Vehicle Search _____
- ☐ Driving Record _____
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**ARTICLES OF ORGANIZATION
OF
COMPREHENSIVE PHYSICIAN SOLUTIONS, LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Section 608.407 of the Florida Limited Liability Company Act, the undersigned, as a Member of Comprehensive Physician Solutions, LLC (hereinafter the "Limited Liability Company"), does hereby make, subscribe, acknowledge, and file these Articles of Organization for the purpose of becoming a Limited Liability Company under the Laws of the State of Florida.

ARTICLE I. NAME

The name of this Limited Liability Company is Comprehensive Physician Solutions, LLC.

ARTICLE II. MAILING AND STREET ADDRESS

The mailing address of the principal office of the Limited Liability Company is:

1309 St. Johns Bluff Rd.
Jacksonville, FL 32225

The street address of the principal office of the Limited Liability Company is:

1309 St. Johns Bluff Rd.
Jacksonville, FL 32225

ARTICLE III. EXISTENCE AND EFFECTIVE DATE

The Limited Liability Company shall have perpetual existence. The Limited Liability Company's existence shall commence on the date and time of filing of these Articles of Organization by the Florida Department of State as evidenced by the Department of State's date and time endorsement on the original document.

ARTICLE IV. MANAGEMENT

The Limited Liability Company shall be a member-managed Limited Liability Company.


The name and address of the managing member for the Limited Liability Company is

Andrew Eriksen, 1309 St. Johns Bluff Rd., Jacksonville, FL 32225.

ARTICLE V. REGISTERED AGENT AND REGISTERED OFFICE

The name and address of the initial registered agent for the Limited Liability Company is
Shea Michael Moser, 501 West Bay Street, Jacksonville, FL 32202.

IN WITNESS WHEREOF, the undersigned member of the Limited Liability Company has
made and subscribed these Articles of Organization at Jacksonville, Florida, for the uses and
purposes aforesaid this 27 day of September, 2007.



Andrew Eriksen

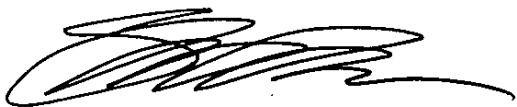
CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

In pursuance of the provisions of Section 608.415, Florida Statutes, the Limited Liability Company identified below submits the following statement in designating its Registered Office/Registered Agent in the State of Florida.

1. The name of the Limited Liability Company is Comprehensive Physician Solutions, LLC.

2. The name and street address of the Limited Liability Company's registered agent and registered office in the State of Florida is Shea Michael Moser, 501 West Bay Street, Jacksonville, FL 32202.

Having been named as registered agent and to accept service of process for the Limited Liability Company identified, and 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.



Shea Michael Moser, Registered Agent

September 27, 2007