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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 297211 7127284

AUTHORIZATION :

COST LIMIT : \$ 155

[Handwritten Signature]

ORDER DATE : October 31, 2007

ORDER TIME : 10:20 AM

ORDER NO. : 297211-005

CUSTOMER NO: 7127284

FILED
07 OCT 31 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: M.. ALLEN LEE, M.D., P.L.

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - EXT. 2926

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION

OF

M. ALLEN LEE, M.D., P.L.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the professional limited liability company is M. Allen Lee, M.D., P.L. (the "Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is 1744 Challen Avenue, Jacksonville, Florida 32205.

ARTICLE III - INITIAL REGISTERED AGENT

The street address of the initial registered office of the Company is 1744 Challen Avenue, Jacksonville, Florida 32205, and the name of its initial registered agent at such address is M. Allen Lee.

ARTICLE IV - AUTHORIZED REPRESENTATIVE

The name and street address of the authorized representative to these Articles of Organization is M. Allen Lee, 1744 Challen Avenue, Jacksonville, Florida 32205.

ARTICLE V - PURPOSE

The purpose of the Company is to render medical services as provided by a medical doctor.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 30th day of October, 2007.




M. ALLEN LEE, Authorized Representative

STATE OF FLORIDA
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 30th day of October, 2007,
by M. Allen Lee, who is personally known to me and who did not take an oath.



Shelley A. Jenkins
Commission # DD609656
Expires February 27 2011
Bonded Title Plan - Insurance, Inc. 800-385-7019


Print Name: Shelley Jenkins
Notary Public, State and County Aforesaid
My commission expires: 10-30-07

**CERTIFICATE DESIGNATING REGISTERED AGENT
AND REGISTERED OFFICE**

In compliance with Sections 48.091 and 608.415, Florida Statutes, the following is submitted:

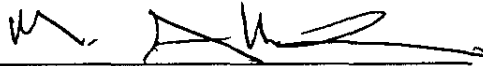
That M. Allen Lee, M.D., P.L., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at Jacksonville, Florida, has named M. Allen Lee, whose street address is 1744 Challen Avenue, Jacksonville, Florida 32205, as its agent to accept service of process within Florida.



M. Allen Lee, Authorized Representative

Date: October 30, 2007

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and is familiar with and accepts the obligations of the position as registered agent.



M. ALLEN LEE

Date: October 30, 2007

**WRITTEN CONSENT
OF THE AUTHORIZED REPRESENTATIVE OF
M. ALLEN LEE, M.D., P.L.**

Pursuant to the authority contained in Section 608.405, Florida Statutes, adoption of the following resolution is consented to by the undersigned, who is the authorized representative named in the Articles of Organization of this limited liability company:

RESOLVED, that the following persons be and hereby is accepted as the initial Member of M. Allen Lee, M.D., P.L., effective the date hereof, to serve until the next annual meeting of the Members or until his earlier resignation, removal from office, or death:

M. Allen Lee

IN WITNESS WHEREOF, the undersigned being the authorized representative of M. Allen Lee, M.D., P.L., has executed this Written Consent effective as of October 30, 2007.

A handwritten signature in black ink, appearing to read 'M. Allen Lee', is written over a horizontal line.

M. ALLEN LEE, Authorized Representative