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COVER LETTER

TO:	Registration Section Division of Corpora					•		i	ř
SUBJ	Rom Kirpal Sin	gh M.D., LLC							
SUBJ	вст	(Name of Limit	ed Lia	bility Compa	any)				
The er	nclosed Articles of Orga	nnization and fee(s) are	submit	ited for filing	3.				
Please	return all corresponder	nce concerning this mat	ter to t	he following	; :				
	FABIAN BAG	DES, ESQUIR	Ε						
			(Name	of Person)					
	BAGDES & E	BAGDES							
			(Firm/	Company)					
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	Re Di P.6	ailing Address gistration Section vision of Corporations O. Box 6327 Illahassee, FL 32314		Registrati Division Clifton E 2661 Exc	ourier Add ion Section of Corpora Building ecutive Cen sec. FL 323	tions ter Circle	,		

ARTICLES OF ORGANIZATION

OF

KIRPAL SINGH M.D., LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be KIRPAL SINGH M.D., LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the company 3606 S. Peninsula Drive, #104, Portrorange, FL 32127. This is also the mailing address of the company.

ARTICLE III - REGISTERED OFFICE AND AGENT

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

Kirpal Singh 3606 S. Peninsula Drive, #104 Port Orange, FL 32127

ARTICLE IV - MANAGEMENT

The name and address of each Manager or Managing Member is as follows:

Kirpal Singh 3606 S. Peninsula Drive, #104 Port Orange, FL 32127

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be January 1, 2008.

ARTICLE VI - PURPOSE

The purpose for which the company is formed is to operate as a relief doctor in providing medical services in states where licensed for profit.

Under penalties of perjury, and in accordance with section 608.408(3), Florida Statutes, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have signed my name this _____ day of December, 2007.

Kirpal Singh

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STATE OF FLORIDA COUNTY OF VOLUSIA

On this <a href="https://www.ncbe.new.n

IN WITNESS WHEREOF, I hereunto set my hand and seal.

Notary Signature

Seal:

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Under the provisions of F.S. 608.415 or 608.507, KIRPAL SINGH M.D., LLC, submits the following statement to designate a registered office and registered agent in the state of Florida:

- 1. The name of the limited liability company is KIRPAL SINGH M.D., LLC.
- 2. The name and address of the registered agent in florida are:

Kirpal Singh 3606 S. Peninsula Drive, #104 Port Orange, FL 32127

The undersigned, being the person named in the articles of organization of KIRPAL SINGH M.D., LLC, as the registered agent of this limited liability company, hereby consents to accept service of process for the above-stated company at the place designated in the articles of organization, and 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 his or her duties, and is familiar with and accepts the obligations of the position of registered agent.

Kirpal S****ingh Registered Agent