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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**JENNIFER S. LANDY, M.D., P.L.**

Certificate of Status	1
Certified Copy	0
Page Count	03
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**A. LUNT**

JAN 10 2008

**EXAMINER**

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**ARTICLES OF ORGANIZATION  
FOR  
JENNIFER S. LANDY, M.D., P.L.**

**ARTICLE I - Name**

The name of the Professional Limited Liability Company is **JENNIFER S. LANDY, M.D., P.L.**

**ARTICLE II - Address**

The mailing address and street address of the Professional Limited Liability Company is:

2813 W. Estrella Street  
Tampa, Florida 33629

**ARTICLE III - Professional Services Rendered**

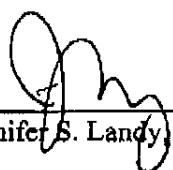
The Professional Limited Liability Company shall render medical services.

**ARTICLE IV - Registered Agent and Registered Address**

The name and the street address of the registered agent is:

Erin Smith Aebel, Esq.  
Shumaker, Loop & Kendrick, LLP  
101 East Kennedy Boulevard  
Suite 2800  
Tampa, Florida 33602

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization as a Member this 9<sup>th</sup> day of January, 2008.

  
\_\_\_\_\_  
Jennifer S. Landy, M.D., Member

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED PROFESSIONAL LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.


1. The name of the professional limited liability company is JENNIFER S. LANDY, M.D., P.L.
2. The name and the Florida street address of the registered agent

Erin Smith Aebel, Esq.  
Shumaker, Loop & Kendrick, LLP  
101 East Kennedy Boulevard  
Suite 2800  
Tampa, Florida 33602

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

  
Erin Smith Aebel, Esq.  
Registered Agent

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**Jennifer S. Landy, P.A.**  
2813 W. Estrella Street  
Tampa, FL 33629

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January 9, 2008

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

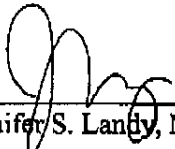
Re: Consent to use name

Dear Sir/Madam:

Jennifer S. Landy, P.A. (the "Company") was administratively dissolved on 9/14/2007, and we will not reinstate this entity. We are forming a new entity, Jennifer S. Landy, M.D., P.L. and the same owners are involved with both entities. The Company has released and will not revoke the rights to its name to Jessica S. Landy, M.D., P.L., a professional limited liability company yet to be formed.

Very truly yours,

**Jennifer S. Landy, P.A.**

By:   
Jennifer S. Landy, M.D., President

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