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FLORIDA/FOREIGN LIMITED LIABILITY CO.

East Bay Family Practice, LLC

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FAX AUDIT # H080000727783

**ARTICLES OF ORGANIZATION
OF
East Bay Family Practice, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **East Bay Family Practice, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
3391 East Bay Drive, Largo, Florida 33771.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Anjani Abhyankar, 3391 East Bay Drive,
Largo, Florida 33771. Located in the County of Pinellas.

ARTICLE IV DURATION

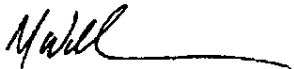
The duration for the limited liability company shall be: 12/31/2048.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and
address of the member of the Limited Liability Company is:

Anjani Abhyankar, 3391 East Bay Drive, Largo, Florida 33771

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Date: March 6, 2008

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,
WI 53717

(608) 827-5300

FAX AUDIT # H080000727783

FAX AUDIT # H080000727783CERTIFICATE 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: **East Bay Family Practice, LLC**

The name and address of the registered agent and office is Anjani Abhyankar, 3391 East Bay Drive, Largo, Florida 33771. Located in the County of Pinellas.

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: _____

*Anjani Abhyankar*Date: 03/19/08FILED
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