

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L08000053216
FILED 8:00 AM
May 29, 2008
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:
VILLAGES PATHOLOGY LABORATORY, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
10900 SE 174TH PLACE ROAD
SUITE C
SUMMERFIELD, FL. US 34491

The mailing address of the Limited Liability Company is:
10900 SE 174TH PLACE ROAD
SUITE C
SUMMERFIELD, FL. US 34491

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL. 32301

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.

Registered Agent Signature: TROY TODD

Article V

The name and address of managing members/managers are:

Title: MGRM
LALBAHADUR NAGABHAIRU
10900 SE 174TH PLACE ROAD SUITE C
SUMMERFIELD, FL. 34491 US

Title: MGRM
MUNIVENKATAPPA PADMANABH
10900 SE 174TH PLACE ROAD SUITE C
SUMMERFIELD, FL. 34491 US

Title: MGRM
SUNDARAPANDIA BASKAR
10900 SE 174TH PLACE ROAD SUITE C
SUMMERFIELD, FL. 34491 US

Title: MGRM
NEHME GABRIEL
10900 SE 174TH PLACE ROAD SUITE C
SUMMERFIELD, FL. 34491 US

Signature of member or an authorized representative of a member

Signature: LALBAHADUR NAGABHAIRU, MD

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