

To: The Florida Dept. of State
Subject: 000650.87930

From: Ashley Smith

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

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

000650.87930

FLORIDA/FOREIGN LIMITED LIABILITY CO.

PT GEORGE 3, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
PT GEORGE 3, LLC**

**ARTICLE I
Name**

The name of the Limited Liability Company is PT GEORGE 3, LLC (the "Company").

**ARTICLE II
Address**

The mailing address and street address of the principal office of the Company is 2601 South Bayshore Drive, Suite 726, Miami, Florida 33133.

**ARTICLE III
Registered Agent**

The name of the Company's registered agent in the State of Florida is Phillip T. George, M.D. and the address of the Company's registered office is 2601 South Bayshore Drive, Suite 726, Miami, Florida 33133.

**ARTICLE IV
Duration**

The period of duration for the Company shall be perpetual.

**ARTICLE V
Management**

The Company is to be a member-managed company and the name and address of the initial member is:

Phillip T. George, M.D.
2601 South Bayshore Drive, Suite 726
Miami, Florida 33133

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ARTICLE VI
Admission of Additional Members

Members shall have the right to admit additional members as provided by the Florida Limited Liability Company Act by a vote of a majority-in-interest of the members.

ARTICLE VII
Members' Rights to Continue Business

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any member shall not cause the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event, the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.

MEMBER:


Phillip T. George, M.D.

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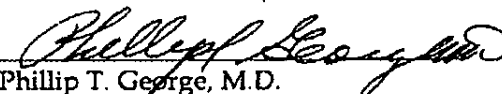
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**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.407 OR 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY 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.

1. The name of the limited liability company is PT George 3, LLC
2. The name and address of the registered agent and office is: Phillip T. George, M.D., 2601 South Bayshore Drive, Suite 726, Miami, Florida 33133.

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent.


Phillip T. George, M.D.

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