

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

**L08000054207
FILED 8:00 AM
June 02, 2008
Sec. Of State
gharvey**

Article I

The name of the Limited Liability Company is:
AVALON MEDICAL INSTITUTE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
9089 THE LANE
NAPLES, FL. 34109

The mailing address of the Limited Liability Company is:
9089 THE LANE
NAPLES, FL. 34109

Article III

The purpose for which this Limited Liability Company is organized is:
THE PROFESSIONAL LLC MAY ENGAGE IN EACH AND EVERY ASPECT OF
THE PRACTICE OF MEDICINE AND SUCH OTHER ACTIVITIES RELATED
TO OR INCIDENTAL THERETO, THROUGH ITS MEMBERS, EMPLOYEES OR
AGENTS UNDER THE LAWS OF FLORIDA.

Article IV

The name and Florida street address of the registered agent is:
ZDENKO KORUNDA
9089 THE LANE
NAPLES, FL. 34109

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: ZDENKO KORUNDA

Article V

The name and address of managing members/managers are:

Title: MGRM
ZDENKO KORUNDA
9089 THE LANE
NAPLES, FL. 34109

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Article VI

The effective date for this Limited Liability Company shall be:

06/01/2008

Signature of member or an authorized representative of a member

Signature: ZDENKO KORUNDA