Electronic Articles of Organization
For
Florida Limited Liability Company

L08000058136
FILED 8:00 AM
June 12, 2008
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:

PROFESSIONAL HEALTH PROVIDERS LLC

Article II

The street address of the principal office of the Limited Liability Company is:

1919 COURTNEY DR
10 B
FORT MYERS, FL. 33901

The mailing address of the Limited Liability Company is:

1919 COURTNEY DR
10 B
FORT MYERS, FL. 33901

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:

RAFAEL HERNANDEZ
520 HENRY AVE
LEHIGH ACRES, FL. 33972

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: RAFAEL HERNADEZ

Article V

L08000058136
FILED 8:00 AM
June 12, 2008
Sec. Of State
gmcleod

The name and address of managing members/managers are:

Title: MGRM
RAFAEL HERNANDEZ
520 HENRY AVE
LEHIGH ACRES, FL. 33972

Title: MGRM
FRANCISCO GUTIERREZ
22131 SW 97 CT
MIAMI, FL. 33190

Signature of member or an authorized representative of a member

Signature: RAFAEL HERNANDEZ