L08000065232

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(Business Entity Name)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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[redacted]
BAYSHORE MEDICAL GROUP, P.L.

Signature

Requested by: BAH 6/26 9:30
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Walk-In _____ Will Pick Up

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_____ Trade/Service Mark_____
_____ Merger File_____
_____ Art. of Amend. File_____
_____ RA Resignation_____
_____ Dissolution / Withdrawal_____
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_____ Photo Copy_____
_____ Certificate of Good Standing_____
_____ Certificate of Status_____
_____ Certificate of Fictitious Name_____
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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June 26, 2008

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: BAYSHORE MEDICAL GROUP, P.L.
Ref. Number: W08000030874

We have received your document for BAYSHORE MEDICAL GROUP, P.L. and your check(s) totaling $155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your $155.00 payment.

The Articles of Organization for a professional limited liabilty company must include a statement of the specific professional practice (e.g. "the practice of medicine") in which the company will engage.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 808A00038495

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DIVISION OF CORPORATIONS
2008 JUL -7 AM 2:18
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR

BAYSHORE MEDICAL GROUP, P.L.

A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is: **BAYSHORE MEDICAL GROUP, P.L.**

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: **19447 Tamiami Avenue, Tampa, Florida 33647**

ARTICLE III - DURATION AND PURPOSE

The period of duration for the Limited Liability Company shall be: **Until dissolved pursuant to its Operating Agreement.**

The purpose of the Limited Liability Company shall be to render professional medical services through members who are duly licensed in the State of Florida or otherwise legally authorized to render such professional services.

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by the members. The name and address of the managing member is;

YESHITILA AGZEW
19447 Tamiami Avenue
Tampa, Florida 33647

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: **Additional members may be admitted only as unanimously agreed upon by the Members as set forth in the Operating Agreement.**

ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: **Only with the consent of all the remaining Members.**

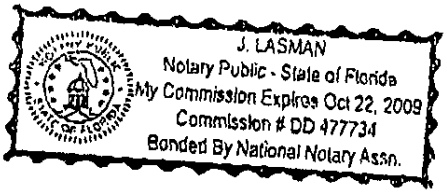
IN WITNESS WHEREOF, these Articles of Organization have been signed, as Managing Member, by: **Yeshitila Agzew.**

Dated this 19th day of June, 2008.

Yeshitila Agzew
Managing Member

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 19th day of June, 2008, by **Yeshitila Agzew**, who has produced a Florida Driver License as identification.



Jeffrey M. Lasman, Notary Public

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

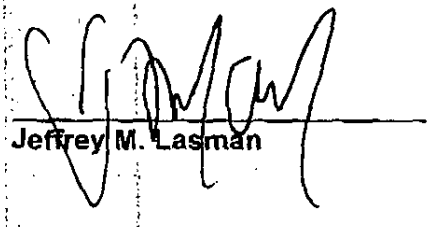
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **BAYSHORE MEDICAL GROUP, P.L.**

2. The name and address of the registered agent and office is:

Jeffrey M. Lasman, Esquire
LASMAN LAW FIRM, P.A.
6152 Delancey Station Street, Suite 205
Riverview, Florida 33569

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.



Jeffrey M. Lasman

June 19, 2008
(Date)