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FLORIDA/FOREIGN LIMITED LIABILITY CO.

CLARENCE SCOTT, M.D., PLC

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

CLARENCE SCOTT, M.D., PLC

ARTICLE II ADDRESS

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

1061 MEDICAL CENTER DRIVE, STE 205
ORANGE CITY, FLORIDA 32763

ARTICLE III PURPOSE

The purpose of the Limited Liability Company is to engage in every aspect of the practice of medicine, and its fields of specialty as permitted under the laws of the State of Florida.

**ARTICLE IV REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

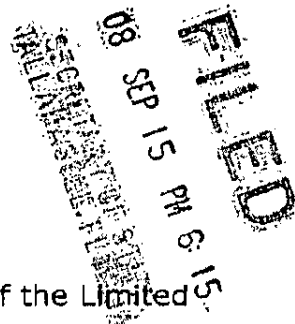
A1A REGISTERED AGENT, INC.
5647 110TH AVENUE NORTH
ROYAL PALM BEACH, FLORIDA 33411

Having been named as registered agent 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 as provided for in Chapter 608, F.S.

x Tim Maki Tim Maki President

A1A REGISTERED AGENT, INC. / Registered Agent's signature

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CLARENCE SCOTT, M.D., PLC

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ARTICLE V MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE VI MEMBERS (optional)

MANAGING MEMBER

CLARENCE SCOTT, MD

PO BOX 907

SANFORD, FLORIDA 32772

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Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

CLARENCE SCOTT, MD

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