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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Horizon Pediatrics LLC

Certificate of Status	0
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FAX AUDIT # 11080002249923

**ARTICLES OF ORGANIZATION
OF
Horizon Pediatrics LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Horizon Pediatrics LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 11426 75th Drive, Live Oak, Florida 32060.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Cammy Scott, 4424 NW American Lane Suite 101, Lake City, Florida 32055. Located in the County of Columbia.


ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2048.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Amber S Ingram, 11426 75th Drive, Live Oak, Florida 32060


Business Filings Incorporated, Organizer
Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717
(608) 827-5300

Date: September 26, 2008

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FAX AUDIT # 11080002249923

FAX AUDIT # 108000224923CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED 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.

The name of the limited liability company is: **Horizon Pediatrics LLC**

The name and address of the registered agent and office is Cammy Scott, 4424 NW American Lane Suite 101, Lake City, Florida 32055. Located in the County of Columbia.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: Cammy Scott
Cammy Scott

Date: 9/24/08

FAX AUDIT # 108000224923