

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

L08000095981  
FILED 8:00 AM  
October 10, 2008  
Sec. Of State  
nculligan

**Article I**

The name of the Limited Liability Company is:  
CENTRAL FLORIDA EXPRESS CARE, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
17809 SE 109TH AVENUE  
SUMMERFIELD, FL. US 34491

The mailing address of the Limited Liability Company is:  
401 NORTH BOULEVARD WEST  
LEESBURG, FL. US 34748

**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:  
GARY WALKER  
202 S ROME AVENUE  
SUITE 100  
TAMPA, FL. 33606

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: GARY WALKER, ESQUIRE

## **Article V**

The name and address of managing members/managers are:

Title: MGRM  
RAVI P GUPTA  
401 NORTH BOULEVARD WEST  
LEESBURG, FL. 34748 US

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Signature of member or an authorized representative of a member

Signature: RAVI P. GUPTA, M.D.