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(City/State/Zip/Phone #)

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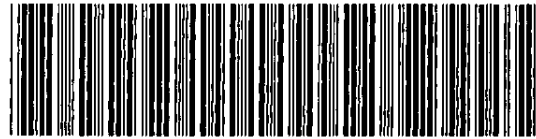
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# PETERSON & MYERS, P.A.

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October 8, 2008

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32301

**RE: PHYSICIAN REALTY, LLC**

Gentlemen:

Enclosed for filing please find the Articles of Organization for the above-referenced Florida limited liability company.

Also enclosed is a check in the amount of \$155.00 for the filing fees and the cost of a certified copy.

If anything further is needed, please let me know. Otherwise, please forward the certified copy to me at the above Winter Haven address.

Sincerely,



M. DAVID ALEXANDER

:pk  
Enclosures  
xc: Dr. Ponnayolu Dayakar Reddy w/e

M. DAVID ALEXANDER, III  
JOHN B. ALLEN  
PHILIP O. ALLEN  
BRENDA L. APPLIEDORN  
KEVIN A. ASHLEY  
JASON M. BERGWALL  
JACK P. BRANDON  
JOSHUA K. BROWN

PHILIP H. BUSH  
DEBRA L. CLINE  
CLINTON A. CURTIS  
JACOB C. DYKXHOORN  
DAVID G. FISHER  
MICHAEL T. GALLAHER  
JOHN R. GRIFFITH  
DAVID E. GRISHAM

JOHN D. HOPPE  
TIMOTHY E. KILEY  
KEVIN C. KNOWLTON  
ALEXANDER F. KOSKEY, III  
DOUGLAS A. LOCKWOOD, III  
BRIAN K. MATHIS  
CORNEAL B. MYERS  
E. BLAKE PAUL

ROBERT E. PUTERBAUGH  
THOMAS B. PUTNAM, JR.  
DEBORAH A. RUSTER  
STEPHEN R. SENN  
ANDREA TEVES SMITH  
KEITH H. WADSWORTH  
KERRY M. WILSON  
RYAN W. ZIKA

THOMAS E. BAYNES, JR.  
OF COUNSEL



**ARTICLES OF ORGANIZATION  
FOR  
PHYSICIAN REALTY, LLC  
A Florida Limited Liability Company**

**FILED**  
08 OCT 10 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 608, Florida Statutes, the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

**ARTICLE I  
Name**

The name of this Company shall be **PHYSICIAN REALTY, LLC.**

**ARTICLE II  
Duration**

The term of existence of the Company shall be perpetual.

**ARTICLE III  
Mailing and Street Address**

The mailing address of the Company is P. O. Box 1980, Eagle Lake, FL 33839, and its street address is 250 Third St., N.W., Winter Haven, FL 33881.

**ARTICLE IV  
Registered Agent and Office**

The name and street address of the initial registered agent and office for this Company is as follows: M. David Alexander, 141 5<sup>th</sup> St. NW, Winter Haven, FL 33881.

**ARTICLE V  
Admission of Additional Members;  
Terms and Conditions of such Admissions**

Additional Members may be admitted upon unanimous consent of the Members of the Company, upon the written application of such new Member, in the manner set forth in the Operating Agreement of this Company and in accordance with applicable law.

**ARTICLE VI  
Management of Company**

The Company is to be a member managed company.

**ARTICLE VII  
Amendment of Articles of Organization**

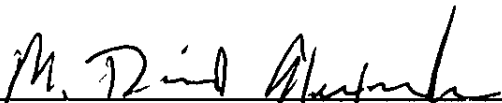
Any amendment to these Articles of Organization shall be on such form prescribed by the Secretary of State of the State of Florida containing such terms and provisions consistent with

Chapter 608, Florida Statutes, as shall be prescribed by the Department of State, and shall be signed and sworn to by all Members of the Company. In the event a new Member is added by such amendment, it shall be also signed by the Member to be added.

**ARTICLE VIII**  
**Transferability of Member's Interest**

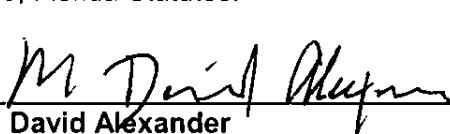
An interest of a Member of this Company may be transferred or assigned only to such extent and in the manner provided in the Operating Agreement of the Company and in accordance with applicable law.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand this 6<sup>th</sup> day of October, 2008.

  
\_\_\_\_\_  
M. David Alexander, the Authorized  
Representative of a Member of the Company

**STATEMENT OF REGISTERED AGENT**

Having been named as Registered Agent and to accept service of process for the above-stated limited liability company, 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 in Chapter 608, Florida Statutes.

  
\_\_\_\_\_  
M. David Alexander

STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 6<sup>th</sup> day of October, 2008, by David Alexander, who is personally known to me or produced NTA as identification.

(SEAL)

  
\_\_\_\_\_  
NOTARY PUBLIC

Print Name of Notary

My Commission Expires:

