Electronic Articles of Organization
For
Florida Limited Liability Company

L08000096606
FILED 8:00 AM
October 13, 2008
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:

ENDOCRINE CLINIC OF WEST FLORIDA, LLC

Article II

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

10288 CYPRESS LAKES DRIVE
JACKSONVILLE, FL. US 32256

The mailing address of the Limited Liability Company is:

10288 CYPRESS LAKES DRIVE
JACKSONVILLE, FL. US 32256

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:

CHRISTOPHER L NULAND
1000 RIVERSIDE AVENUE
115
JACKSONVILLE, FL. 32204

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: /CHRISTOPHER L. NULAND/

Article V

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The name and address of managing members/managers are:

Title: MGRM
ARTURO CASTRO MD
10288 CYPRESS LAKES DRIVE
JACKSONVILLE, FL. 32256 US

Signature of member or an authorized representative of a member

Signature: /ARTURO CASTRO, M.D./