

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

L08000101291  
FILED 8:00 AM  
October 29, 2008  
Sec. Of State  
tcline

**Article I**

The name of the Limited Liability Company is:  
NAPOLI PHYSICIANS CONSULTING, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
3001 WEST LAKE VISTA CIRCLE  
DAVIE, FL. 33328

The mailing address of the Limited Liability Company is:  
3001 WEST LAKE VISTA CIRCLE  
DAVIE, FL. 33328

**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:  
DAVID NAPOLI  
3001 WEST LAKE VISTA CIRCLE  
DAVIE, FL. 33328

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: DAVID NAPOLI

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
DAVID NAPOLI  
3001 WEST LAKE VISTA CIRCLE  
DAVIE, FL. 33328

Title: MGRM  
VALERIE NAPOLI  
3001 WEST LAKE VISTA CIRCLE  
DAVIE, FL. 33328

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### **Article VI**

The effective date for this Limited Liability Company shall be:

10/28/2008

Signature of member or an authorized representative of a member

Signature: ANNE J. MCPHEE