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Division of Corporations

REZNICSEK, FRASER, HASTINGS, WHITE & SHAFFER, PA.

FAX No. 904567-1065

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Florida Department of State  
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Account Number : 120030000107  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

North Florida Medical Services, LLC

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<b>To:</b> Division of Corporations	<b>From:</b> Donna Ciancutti
<b>Fax:</b> 850-617-6383	<b>Pages:</b> 5
<b>Phone:</b>	<b>Date:</b> December 19, 2008
<b>Re:</b> <u>North Florida Medical Services, LLC</u>	<b>CC:</b>

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**ARTICLES OF ORGANIZATION**  
**OF**  
**NORTH FLORIDA MEDICAL SERVICES, LLC**

Pursuant to section 608.407 of the Florida Limited Liability Company Act, Florida Statutes, as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

**ARTICLE I**  
**NAME**

The name of the limited liability company (the "Company") is North Florida Medical Services, LLC.

**ARTICLE II**  
**DURATION**

Unless earlier terminated pursuant to the Act or the Operating Agreement (as defined in § 608.402 (24) of the Act) of the Company, the period of its duration shall be perpetual.

**ARTICLE III**  
**EFFECTIVE DATE**

These Articles of Organization shall be effective as of January 1, 2009.

**ARTICLE IV**  
**ADDRESS**

The mailing and street address of the principal office of the Company shall be 1400 Prudential Drive, Suite 3, Jacksonville, Florida 32207.

**ARTICLE V**  
**REGISTERED AGENT AND OFFICE**

The initial registered office of the Company shall be 1400 Prudential Drive, Suite 3, Jacksonville, Florida 32207, and its initial registered agent at such office shall be John P. Berlin.

**ARTICLE VI**  
**MANAGEMENT OF THE COMPANY**

The Company will be managed by its managers in accordance with and subject to the requirements of the Act and Operating Agreement of the Company.

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DEC/19/2008/FRI 03:52 PM REZNICSEK FRASER HAS

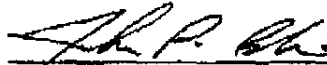
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IN WITNESS WHEREOF, the undersigned members of the Company have executed these Articles of Organization on behalf of the Company in accordance with § 608.407 of the Act.

Dated this 19<sup>th</sup> day of December, 2008.

  
\_\_\_\_\_  
John P. Berlin, as Manager

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**CERTIFICATE DESIGNATING REGISTERED OFFICE  
AND  
REGISTERED AGENT FOR THE SERVICE OF PROCESS  
WITHIN FLORIDA**

In compliance with Chapter 608, Florida Statutes, as amended from time to time (the "Act"), the following is submitted:

North Florida Medical Services, LLC, desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Act, hereby designates John P. Berlin as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 1400 Prudential Drive, Suite 3, Jacksonville, Florida 32207.

Dated this 19<sup>th</sup> day of December, 2008.

  
John P. Berlin, as Manager

Having been named as registered agent to accept service of process for the above stated limited liability company, at the place designated in this certificate, I hereby agree to 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.

Dated this 19<sup>th</sup> day of December, 2008.

  
John P. Berlin, as Register Agent

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