Electronic Articles of Organization
For
Florida Limited Liability Company

L09000004598
FILED 8:00 AM
January 14, 2009
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:

LEGACY MEDICAL SERVICES PLLC

Article II

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

649 US HWY 1,
SUITE 2
NORTH PALM BEACH, FL. 33418

The mailing address of the Limited Liability Company is:

649 US HWY 1,
SUITE 2
NORTH PALM BEACH, FL. 33418

Article III

The purpose for which this Limited Liability Company is organized is:

TO PROVIDE MEDICAL SERVICES

Article IV

The name and Florida street address of the registered agent is:

SHEELA SHAH
649 US HWY 1,
SUTIE 2
NORTH PALM BEACH, FL. 33418

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: SHEELA SHAH

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Article V

The name and address of managing members/managers are:

Title: MGRM
SHEELA SHAH
5216 MISTY MORN ROAD
PALM BEACH GARDENS, FL. 33418

Title: MGRM
PIERRE C DELTOR
13527 49TH STREET N
ROYAL PALM BEACH, FL. 33411 US

Article VI

The effective date for this Limited Liability Company shall be:

01/14/2009

Signature of member or an authorized representative of a member

Signature: SHEELA SHAH