

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
Account Number : 075410002172
Phone : (239) 344-1100
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

MD ADVANTAGE MEDICAL WEIGHT LOSS, P.L.

Certificate of Status	0
Certified Copy	1
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J. BRYAN

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EXAMINER

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**ARTICLES OF ORGANIZATION
OF
MD ADVANTAGE MEDICAL WEIGHT LOSS, P.L.**

ARTICLE I-NAME

The name of the limited liability company shall be MD ADVANTAGE MEDICAL WEIGHT LOSS, P.L. (the "Company").

ARTICLE II-MAILING AND STREET ADDRESS

The mailing and street address of the principal office of the Company is:

11181 Health Park Boulevard, Suite 1000
Naples, Florida 34110

ARTICLE III-EFFECTIVE DATE

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company is:

Name

Address

ERIN E. HOUCK-TOLL

1715 Monroe Street
Fort Myers, Florida 33901

ARTICLE V-PURPOSE

The Company may engage in each and every aspect of the general practice of medicine and such other activities related or incidental thereto, but only through its Members, officers, employees, and agents who are duly licensed or otherwise legally authorized to render such professional services within the state of Florida.

ARTICLE VI-MANAGEMENT OF THE COMPANY

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following is the name

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and address of the initial Manager who shall serve as the Manager of the Company until his successor is elected and qualified:

Name

Address

STEPHEN W. THOMPSON

11181 Health Park Boulevard, Suite 1000
Naples, Florida 34110

ARTICLE VII-OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being an authorized representative of the Members of the Company, has executed these Articles of Organization this 5th day of February, 2009.


ERIN E. HOUCK-TOLL
Authorized Representative

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: MD ADVANTAGE MEDICAL WEIGHT LOSS, P.L.
2. The name and address of the registered agent and office is:

Erin E. Houck-Toll
1715 Monroe Street
Fort Myers, Florida 33901

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.


ERIN E. HOUCK-TOLL
Registered Agent

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