

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

L09000014770
FILED 8:00 AM
February 13, 2009
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:
ALPHA OUTPATIENT CENTER, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
518 SW PRIMA VISTA BLVD
PORT-ST-LUCIE, FL. 34954

The mailing address of the Limited Liability Company is:
2247 PALM BEACH LAKES BLVD
SUITE 103
WEST PALM BEACH, FL. 33409

Article III

The purpose for which this Limited Liability Company is organized is:
MEDICAL PRACTICE AND MANAGEMENT

Article IV

The name and Florida street address of the registered agent is:
ERNEST DUVAL
3072 GRANDIFLORA DR
GREENACRES, FL. 33467

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: ERNEST DUVAL

Article V

The name and address of managing members/managers are:

Title: MGR
MARIE CARMEL TROMANS
22742 VISTA WOODWAY
BOCA RATON, FL. 33428

Title: MGR
YANIQUE DUVAL
2247 PALM BEACH LAKES BLVD SUITE 103
WEST PALM BEACH, FL. 33409

Title: MGR
RITA KERNISANT
3337 SW LUDLOW
PORT-ST-LUCIE, FL. 34953

L09000014770
FILED 8:00 AM
February 13, 2009
Sec. Of State
jbryan

Article VI

The effective date for this Limited Liability Company shall be:

02/13/2009

Signature of member or an authorized representative of a member

Signature: YANIQUE DUVAL