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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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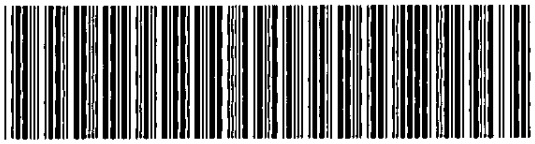

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TALLAHASSEE, FLORIDA

B. KOHR
MAR 23 2009
EXAMINER

FILED
09 MAR 23 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Advanced Incorporating Service, Inc.

1010 San Luis Road
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-575-2723
Fax: 850-575-2724
Email: orders@advancedincorporating.com
Website: www.advancedincorporating.com

NAME OF ENTITY

True Care Medical Center, LLC

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PICK ONE:

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___CORPORATION ✓ LLC ___LIMITED PARTNERSHIP ___GENERAL PARTNERSHIP

___FICTITIOUS NAME ___SERVICEMARK/TRADEMARK ___AMENDMENT

___FOREIGN QUALIFICATION ___JUDGMENT LIEN

___OTHER_____

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Country_____

Amount of Documents_____

DATE 3/23/09 **TIME** 12:30

Notes:_____

ARTICLES OF ORGANIZATION OF LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I - Name:

The name of the Limited Liability Company is: True Care Medical Center, LLC

ARTICLE II - Address:

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

Mailing Address: 7775 SW 87th Avenue
Suite 100
Miami, FL 33173

Street Address: 7775 SW 87th Avenue
Suite 100
Miami, FL 33173

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the initial registered agent are:

Kramer & Rassner, P.A.
7700 North Kendall Drive
Suite 510
Miami, Florida 33156

ARTICLE IV -Management:
(If applicable)

The Limited Liability Company is to be managed by the Member and is, therefore, a Member-managed company.

Manager/Member: Sam Noriega
7775 SW 87th Avenue
Suite 100
Miami, FL 33173

Manager/Member: Daniel Sanchez
7775 SW 87th Avenue
Suite 100
Miami, FL 33173

ARTICLE IV -Management:
(If applicable)

The Limited Liability Company is to be managed by the Member and is, therefore, a Member-managed company.

IN WITNESS WHEREOF, I have signed these Articles of Organization as a member and acknowledged them to be my act this 23 day of March, 2009

By: Sam Noriega, Manager / Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this change constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

By: Sam Noriega, Manager / Member

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. 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 under Chapter 608, Florida Statutes.

(In accordance with section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Wayne H. Rassner, Esquire
For Kramer & Rassner, P.A.