

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

L09000031878
FILED 8:00 AM
April 01, 2009
Sec. Of State
mthomas

Article I

The name of the Limited Liability Company is:

NORTHWEST FLORIDA PATHOLOGY LLC

Article II

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

DEPARTMENT OF PATHOLOGY, WEST FLORIDA HOSP
8383 N. DAVIS HWY.
PENSACOLA, FL. 32514

The mailing address of the Limited Liability Company is:

PO BOX 10769
PENSACOLA, FL. 32524

Article III

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

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

THOMAS I KING
8383 N. DAVIS HWY.
PENSACOLA, FL. 32514

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: THOMAS I. KING, MD

Article V

The name and address of managing members/managers are:

Title: MGRM
THOMAS I KING
59 SHORELINE DRIVE
GULF BREEZE, FL. 32561

Title: MGRM
NORMAN R MCFADDEN JR.
5021 AVOCET LN.
PENSACOLA, FL. 32514

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Article VI

The effective date for this Limited Liability Company shall be:

04/01/2009

Signature of member or an authorized representative of a member

Signature: THOMAS I. KING, MD