

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

L09000035198
FILED 8:00 AM
April 13, 2009
Sec. Of State
Isellers

Article I

The name of the Limited Liability Company is:

OPTIMUM PRIMARY CARE, LLC

Article II

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

3950 ARBOR TRACE DRIVE

L

LYNN HAVEN, FL. 32444

The mailing address of the Limited Liability Company is:

P O BOX 15668

PANAMA CITY, FL. 32406

Article III

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

MEDICAL OFFICE

Article IV

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

Wael Farid

3950 ARBOR TRACE DRIVE

L

LYNN HAVEN, FL. 32444

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: Wael Farid

Article V

The name and address of managing members/managers are:

Title: MGR
WAEL FARID
3950 ARBOR TRACE DRIVE
LYNN HAVEN, FL. 32444

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Article VI

The effective date for this Limited Liability Company shall be:

04/12/2009

Signature of member or an authorized representative of a member

Signature: WAEL FARID