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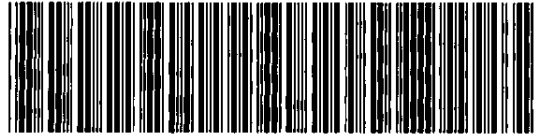
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TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION
OF
MEDICAL LANE - TRI ROSE LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I

NAME

The name of the limited liability company shall be **MEDICAL LANE - TRI ROSE LLC**.

ARTICLE II

ADDRESS

The mailing address and street address of the principal office of the company is 329 S. Mill View Way, Ponte Vedra Beach, Florida 32082.

ARTICLE III

REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the State of Florida is KELLIE J. JANKOWSKI, 329 S. Mill View Way, Ponte Vedra Beach, Florida 32082.

ARTICLE IV

MANAGEMENT

The company shall be managed by its member and is, therefore, a member managed company. The initial managing member shall be:

TRI ROSE ENTERPRISES LLC
329 S. Mill View Way
Ponte Vedra Beach, Florida 32082

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ARTICLE V

MEMBER

The name and address of the member of the company are:

TITLE

NAME AND ADDRESS

MGRM

TRI ROSE ENTERPRISES LLC
329 S. Mill View Way
Ponte Vedra Beach, Florida 32082

ARTICLE VI

DURATION

The company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The company's existence shall be perpetual unless the company is dissolved earlier as provided in these Articles of Organization or in the Operating Agreement.


IN WITNESS WHEREOF, the undersigned member has made and subscribed these Articles of Organization on this 4th day of May, 2009.

TRI ROSE ENTERPRISES LLC
a Florida limited liability company

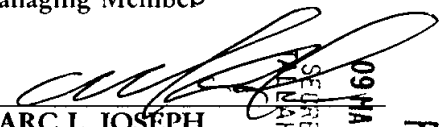
BY:


KELLIE J. JANKOWSKI
Managing Member

BY:


COLLEEN J. MONAGAS
Managing Member

BY:


MARC L. JOSEPH
Managing Member

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

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TALLAHASSEE FLORIDA

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

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is: **MEDICAL LANE - TRI ROSE LLC.**

2. The name and the Florida street address of the registered agent and office are:

**KELLIE J. JANKOWSKI
329 S. Mill View Way
Ponte Vedra Beach, Florida 32082**

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 as provided for in Chapter 608, F.S.


KELLIE J. JANKOWSKI