

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

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Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:
ADLER PODIATRY AND WOUND CARE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
3636 UNIVERSITY BOULEVARD SOUTH
BUILDING C
JACKSONVILLE, FL. 32216

The mailing address of the Limited Liability Company is:
3636 UNIVERSITY BOULEVARD SOUTH
BUILDING C
JACKSONVILLE, FL. 32216

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:
PHILIP F ADLER DPM
3636 UNIVERSITY BOULEVARD SOUTH
BUILDING C
JACKSONVILLE, FL. 32216

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: PHILIP ADLER, DPM

Signature of member or an authorized representative of a member

Signature: PHILIP ADLER