Electronic Articles of Organization
For
Florida Limited Liability Company

L09000051818
FILED 8:00 AM
May 28, 2009
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:

NORTH FLORIDA PHYSICIAN EXTENDERS L.L.C.

Article II

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

2045 PROFESSIONAL CENTER DRIVE
ORANGE PARK, FL. US 32073

The mailing address of the Limited Liability Company is:

P O BOX 2235
ORANGE PARK, FL. US 32067

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:

MARIA C PINTOR
2045 PROFESSIONAL CENTER DRIVE
ORANGE PARK, FL. 32073

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: MARIA C PINTOR

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Article V

The name and address of managing members/managers are:

Title: MGRM
MARIA C PINTOR
2045 PROFESSIONAL CENTER DRIVE
ORANGE PARK, FL. 32073 US

Article VI

The effective date for this Limited Liability Company shall be:

05/27/2009

Signature of member or an authorized representative of a member

Signature: MARIA C PINTOR