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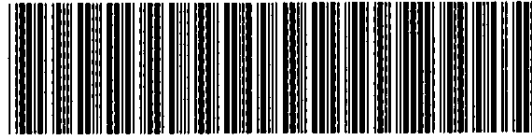
(Business Entity Name)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2009 JUN 15 AM 11:30
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SUFFICIENCY OF FILING
TALLAHASSEE, FLORIDA
FILED
2009 JUN 15 PM 1:45

B. KOHR

JUN 15 2009

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 06-15-2009

REF. #: 001641.105854

CORP. NAME: HARVEY S. MISHNER M.D., P.L.

FILED
09 JUN 15 PM 1:45
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 530606 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

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| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
FOR HARVEY S. MISHNER M.D., P.L.**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the professional limited liability company is Harvey S. Mishner M.D., P.L.

ARTICLE II - ADDRESS

The mailing address is 46 N. Washington Blvd., Suite 1, Sarasota, FL 34236, and the principal office address is 8340 Lakewood Ranch Blvd. Suite 350, Lakewood Ranch, FL 34202.

ARTICLE III - PURPOSE

The purpose of the professional limited liability company is to engage in the practice of medicine and to do any and all things necessary, convenient or incidental to that purpose. The limited liability company shall have as members only other professional limited liability companies, professional corporations, or individuals who themselves are duly licensed or otherwise legally authorized to render the same professional service as the limited liability company.

**ARTICLE IV - REGISTERED AGENT, REGISTERED OFFICE AND
REGISTERED AGENT'S SIGNATURE**

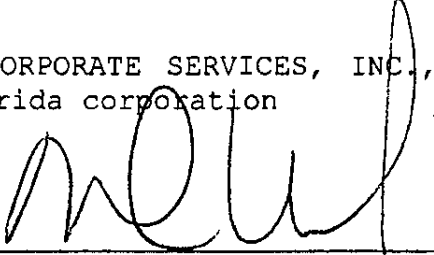
The name and the Florida street address of the registered agent are:

LPS Corporate Services, Inc.
46 N. Washington Blvd., Suite 1
Sarasota, FL 34236

Having been named as registered agent and to accept service of process for the above stated professional 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.

LPS CORPORATE SERVICES, INC.,
a Florida corporation

By: 
Michael E. Siegel
Its Vice President

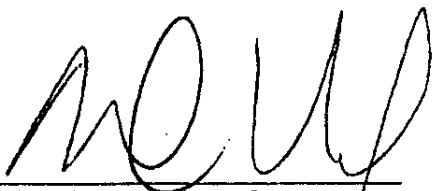
ARTICLE IV - MANAGEMENT

The professional limited liability company is to be managed by its member or members and is, therefore, a member-managed company. The name and address of the initial managing member is Harvey S. Mishner, M.D. c/o LPS Corporate Services, Inc., 46 N. Washington Blvd., Suite 1, Sarasota, FL 34236.

ARTICLE V - LIMITATION ON AGENCY AUTHORITY OF MEMBERS

No member of the company shall be an agent of the company solely by virtue of being a member.

Dated: June 12, 2009


Michael E. Siegel
Authorized Representative
of Managing Member