

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

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FILED 8:00 AM
June 18, 2009
Sec. Of State
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Article I

The name of the Limited Liability Company is:

WILLIAM L JONES, MD, PLLC

Article II

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

5406 STRICKLAND AVENUE
LAKELAND, FL. 33812

The mailing address of the Limited Liability Company is:

5406 STRICKLAND AVENUE
LAKELAND, FL. 33812

Article III

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

THE PRACTICE OF EMERGENCY MEDICINE AS WELL AS ANY OTHER
MEDICAL RELATED ACTIVITIES

Article IV

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

WILLIAM L JONES MD
5406 STRICKLAND AVENUE
LAKELAND, FL. 33812

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: WILLIAM L JONES, MD

Article V

The name and address of managing members/managers are:

Title: MGRM
WILLIAM L JONES MD
5406 STRICKLAND AVENUE
LAKELAND, FL. 33812 US

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Article VI

The effective date for this Limited Liability Company shall be:

06/11/2009

Signature of member or an authorized representative of a member

Signature: WILLIAM L JONES