

L09000065950
FILED 8:00 AM
July 08, 2009
Sec. Of State
Isellers

The name of the Limited Liability Company is:

Article II

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

The mailing address of the Limited Liability Company is:

Article III

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

MEDICINE.

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

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: LINDA QUINN

Article V

The name and address of managing members/managers are:

Title: MGR
LINDA QUINN MD
14 SEA WINDS LANE EAST
PONTE VEDRA, FL. 32082

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Article VI

The effective date for this Limited Liability Company shall be:

07/01/2009

Signature of member or an authorized representative of a member

Signature: LINDA QUINN MD