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Account Number : I20020000143 Phone : (404)815-3538 Fax Number : (404)815~3509 09 SEP -1 AM 8: 48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#### FLORIDA/FOREIGN LIMITED LIABILITY CO.

#### HH&T Medical, LLC

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ALLAHASSEE, FLORIDA

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D. BRUCE

SEP 2 2009

**EXAMINER** 

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### HH&T MEDICAL, LLC ARTICLES OF ORGANIZATION

The undersigned, desiring to form a limited liability company under and pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, does hereby adopt the following Articles of Organization:

### ARTICLE I

The name of the Company is HH&T Medical, LLC.

### ARTICLE II

The mailing and street address of the principal place of business of the Company is:

7860 Gate Parkway, Suite 123 Jacksonville, Florida 32256

# ARTICLE III INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 50 North Laus Street, Suite 2600, Jacksonville, Florida 32202, and the name of the initial registered agent this corporation at that address is Steven E. Brust.

# ARTICLE IV MANAGEMENT

The Company is to be managed under the direction of a Manager and is, therefore manager-managed company.

IN WITNESS WHEREOF, the undersigned person has executed these Articles of Organization this 15th day of 5ephen ben 2009.

James Hammond, Authorized Representative

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#### CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

In compliance with Section 608.415, Florida Statutes, the following is submitted:

That HH&T Medical, LLC, desiring to organize or qualify under the laws of the State of Florida, with its principal place of business in Jacksonville, Florida, has named Steven E. Brust, 50 N. Laura Street, Suite 2600, Jacksonville, Florida 32202 as its agent to accept service of process within Florida.

By: James Mammond, as authorized representative

Dated: System her 1, 2009

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, the undersigned hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete performance of the undersigned's duties.

Stoven E Brust

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SECRETARY OF STATE SCRIAXVISOALESSEE. FLORIDA