Electronic Articles of Organization
For
Florida Limited Liability Company

L09000089276
FILED 8:00 AM
September 16, 2009
Sec. Of State
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Article I

The name of the Limited Liability Company is:

NORTH FLORIDA PULMONARY ASSOCIATES LLC

Article II

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

6817 SOUTHPOINT PARKWAY
1802
JACKSONVILLE, . 32216

The mailing address of the Limited Liability Company is:

6817 SOUTHPOINT PARKWAY
1802
JACKSONVILLE, . 32216

Article III

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

HEALTH CARE SEVICES. PHYSICIAN OFFICE.

Article IV

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

DINA C RAMADAN
12234 HAWKSTOWE LANE
JACKSONVILLE, FL. 32225

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: DINA C RAMADAN

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Article V

The name and address of managing members/managers are:

Title: MGRM
DINA C RAMADAN
12234 HAWKSTOWE LANE
JACKSONVILLE, FL. 32225

Title: MGRM
BASSEL RAMADAN
6817 SOUTHPOINT PARKWAY
JACKSONVILLE, FL. 32216

Article VI

The effective date for this Limited Liability Company shall be:

09/15/2009

Signature of member or an authorized representative of a member

Signature: BASSEL RAMADAN