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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

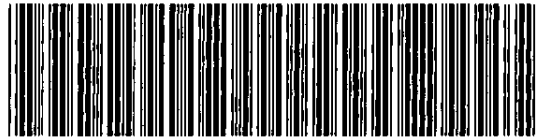
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
09 NOV -6 AM 9:51

B. KOHR

NOV 9 2009

EXAMINER

KEVIN S. OPOLKA
ATTORNEY AT LAW

7850 N.W. 146 STREET, SUITE 502, MIAMI LAKES, FLORIDA 33016, TEL: (305) 557-0284
FAX: (305) 557-0285

November 4, 2009

FEDEX OVERNIGHT - NEXT BUSINESS MORNING

Registration Section
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl 32301

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DIVISION OF CORPORATIONS
NOV 4 2009
AM 9:51

RE: Articles of Organization for DOCTORS PLUS GROUP, LLC

Dear Registration Section:

Enclosed please find original Articles of Organization for DOCTORS PLUS GROUP, LLC, alongwith check # 5977 in the amount of \$160.00 representing your fees for: Filing the Articles, a Certified copy of the Articles, and a Certificate of Status.

Please return all correspondence to:

Kevin S. Opolka, Esq.
Kevin S. Opolka, P.A.
7850 N.W. 146 Street
Suite 502
Miami Lakes, FL 33016

If there is any complication with filing or the enclosures please contact the undersigned, at the numbers indicated on this letterhead, upon receipt. THANK YOU.

Very truly yours,


KEVIN S. OPOLKA, ESQ.

KSO/kp
Encls.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
DOCTORS PLUS GROUP, LLC

ARTICLE I

The name of the Limited Liability Company is:

DOCTORS PLUS GROUP, LLC

ARTICLE II- Address:

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

Principal Office Address:

501 N.W. 179th Avenue
Pembroke Pines, FL 33029

Mailing Address:

501 N.W. 179th Avenue
Pembroke Pines, FL 33029

ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

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

KEVIN S. OPOLKA, ESQ.

Name

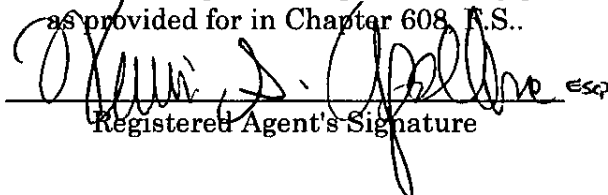
7850 N.W. 146th Street, Suite 502

Florida street address

Miami Lakes, FL 33016

City, State, and Zip

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 as provided for in Chapter 608, F.S..


Registered Agent's Signature

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DIVISION OF CORPORATIONS
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ARTICLE IV -Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR"=Manager

"MGRM"= Managing Member

Name and Address:

MGRM

Antonio H. Wong, M.D., F.A.A.F.P.

501 N.W. 179th Avenue

Pembroke Pines, FL 33029

MGRM

Kevin S. Opolka, Esq.

7850 N.W. 146th Street, Suite 502

Miami Lakes, FL 33016

ARTICLE V: Effective date, if other than the date of filing: [Date of Filing].

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

KEVIN S. OPOLKA, ESQ.

Types or printed name of signee