

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

L09000119187
FILED 8:00 AM
December 16, 2009
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:
CENTRAL FLORIDA SLEEP MEDICINE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
401 NORTH BLVD., WEST
LEESBURG, FL. US 34748

The mailing address of the Limited Liability Company is:
401 NORTH BLVD., WEST
LEESBURG, FL. US 34748

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
GARY WALKER
202 SOUTH ROME AVENUE
SUITE 100
TAMPA, FL. 33606

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: GARY WALKER, ESQUIRE

Article V

The name and address of managing members/managers are:

Title: MGRM
RAVI P GUPTA
401 NORTH BOULEVARD, WEST
LEESBURG, FL. 34748 US

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Signature of member or an authorized representative of a member

Signature: GARY WALKER, ESQUIRE