

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

**L10000002876  
FILED 8:00 AM  
January 08, 2010  
Sec. Of State  
Isellers**

**Article I**

The name of the Limited Liability Company is:

FAMILY MEDICINE ASSOCIATES OF NORTHWEST FLORIDA, LLC

**Article II**

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

7405 MARKET STREET  
SOUTHPORT, FL. 32409

The mailing address of the Limited Liability Company is:

P.O. BOX 1250  
LYNN HAVEN, FL. 32444

**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:

WILLIAM DILLON  
2618 CENTENNIAL PLACE  
TALLAHASSEE, FL. 32308

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: WILLIAM DILLON

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
GERALD LACHANCE  
7405 MARKET STREET  
SOUTHPORT, FL. 32409

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### **Article VI**

The effective date for this Limited Liability Company shall be:

01/08/2010

Signature of member or an authorized representative of a member

Signature: WILLIAM DILLON