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(Requestor's Name)

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(City/State/Zip/Phone #)

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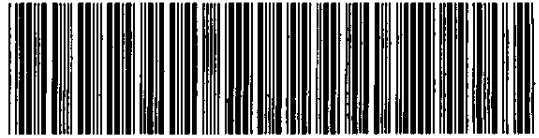
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EXAMINER

DAVID A. WILSON

ATTORNEY AT LAW

201 S.W. SECOND STREET • SUITE 101 • OCALA, FLORIDA 34471

TELEPHONE (352) 629-4466

DAVID@DWILSONLAW.COM

FACSIMILE (352) 732-6469

February 12, 2010

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Family Medicine of Ocala, P.L.L.C.
Our File No. 10-004

To Whom It May Concern:

Enclosed herewith please find the following:

1. Original Articles of Organization in regard to the above-referenced professional limited liability company.
2. Copy for certification.
3. A check in the amount of \$155.00 payable to the Secretary of State is enclosed.

Please file the enclosed Articles of Organization and return to me a certified copy of same.

Should you have any questions, please do not hesitate to call.

Very truly yours:



David A. Wilson

Enclosure

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
for
FAMILY MEDICINE OF OCALA, P.L.L.C.
Florida Professional Limited Liability Company

ARTICLE I
NAME

The name of the Limited Liability Company is: **FAMILY MEDICINE OF OCALA, P.L.L.C.**

ARTICLE II
ADDRESS

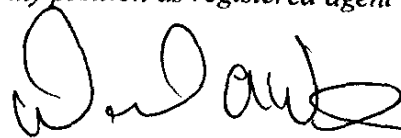
The mailing address and street address of the principal office of the Professional Limited Liability Company is: 2560 S.W. 35th Street, Ocala, Florida 34471.

ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S ACCEPTANCE

The name and address of the registered agent and office is:

David A. Wilson, Esq.
201 S.W. Second Street, Suite 101
Ocala, Florida 34471

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 agreed 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 obligation of my position as registered agent as provided for in Chapter 608, Florida Statutes.



David A. Wilson, Esq.

ARTICLE IV
PURPOSE

The professional limited liability company may engage in any lawful business in Florida Professional Corporation and Limited Liability Act or the laws of any jurisdiction in which the Company may do business. The Company shall have the authority to do all things necessary and convenient to accomplish its purpose and operate its business. In furtherance of the foregoing, the business of the company is to operate a medical practice.

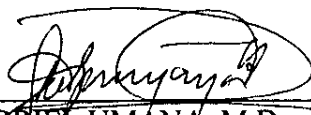
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

interests therein or appurtenant thereto, as well as personal or mixed property connected therewith, and to do all acts in furtherance of, related to, or incidental to the foregoing, with the objective of achieving distributable cash flow and in time selling or disposing thereof for profitable gain.

ARTICLE V
MANAGEMENT

The Limited Liability Company is to be managed by its members.

IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization this 12th day of February, 2010.



GABRIEL UMANA, M.D.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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