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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CREDIT LAW GROUP, P.A.
Account Number : 075350000233
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Email Address: NONE

FLORIDA LIMITED LIABILITY CO.
TOWN CENTER MEDICAL ASSOCIATES, P.L.

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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March 17, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CREDIT LAW GROUP

SUBJECT: TOWN CENTER MEDICAL ASSOCIATES, PL.
REF: W10000013245

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A brief description of the entity's nature of business must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H10000059638
Letter Number: 610A00006549

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TOWN CENTER MEDICAL ASSOCIATES, P.L.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5295 Town Center Road, Suite 201

Boca Raton, FL 33488

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JOHN W. SMITH

Name

1095 NW Broken Sound Parkway, Suite 201

Florida street address (P.O. Box **NOT** acceptable)

BOCA RATON

FL 33487-3524

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 (REQUIRED)

(CONTINUED)

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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

CESAR RAMIREZ, M.D.

5295 Town Center Road, Suite 201

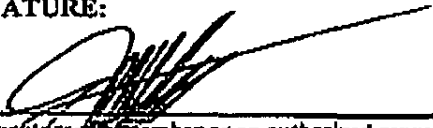
Boca Raton, FL 33488

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the 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.)

JOHN W. SMITH

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)


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TALLAHASSEE, FLORIDA

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Articles of Organization for Florida Limited Liability Company continued:

ARTICLE VI: The sole purpose of the company shall be the performance of professional services as doctors of medicine.

A handwritten signature in black ink, consisting of a large, stylized capital 'J' followed by several horizontal and diagonal strokes.

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