

Aug. 6. 2010 10:04 AM Mti Shuffi Low

L10000082732

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000177619 3)))



H100001776193ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

Effective Date 08/01/10

From:

Account Name : SHUFFIELD LOWMAN

Account Number : I20030000118

Phone : (407) 581-9800

Fax Number : (407) 581-9801

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
10 AUG -6 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
SMARTMED MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG -6 AM 7:86

T. HAMPTON

AUG - 9 2010

Effective Date 08/01/10

**ARTICLES OF ORGANIZATION
OF
SMARTMED MANAGEMENT, LLC
A Florida Limited Liability Company**

**ARTICLE I
NAME**

The name of this limited liability company is SMARTMED MANAGEMENT, LLC,
referred to in these Articles of Organization as the "Company."

**ARTICLE II
MAILING AND STREET ADDRESS**

The mailing address and street address of the principal office of the Company are as
follows:

70 W. Gore Street, Suite 202
Orlando, FL 32806

**ARTICLE III
COMMENCEMENT OF COMPANY'S EXISTENCE**

In accordance with Section 608.409(1), Florida Statutes, the Company's existence shall
be deemed to have commenced on August 1, 2010, or if later, such date as is five (5) business
days prior to the date on which these Articles of Organization are filed by the Florida
Department of State.

**ARTICLE IV
REGISTERED AGENT**

The address of the initial Registered Office and the Registered Agent at such address are
as follows:

William R. Lowman, Jr., Esq.
Shuffield, Lowman & Wilson, P.A.
1000 Legion Place, Suite 1700
Orlando, FL 32801

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG -6 AM 7:86

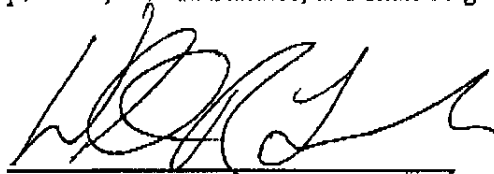
**ARTICLE V
MANAGEMENT**

The Company is to be a manager-managed company. A manager may receive compensation for his or its services. The name and address of the initial manager are as follows:

Samuel P. Martin, M.D.
70 W. Gore Street, Suite 202
Orlando, FL 32806

**ARTICLE VI
APPLICABLE LAW**

The Company is created pursuant to Chapter 608, Florida Statutes, and shall be governed by the laws of the State of Florida.




William R. Lowman, Jr., as
Authorized Representative

**ACCEPTANCE OF DESIGNATION
OF
REGISTERED AGENT**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

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 of the Florida Statutes.



William R. Lowman, Jr.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG -6 AM 7:06