Electronic Articles of Organization
For
Florida Limited Liability Company

L10000092433
FILED 8:00 AM
September 02, 2010
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:

MID FLORIDA ADULT MEDICINE, LLC

Article II

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

280 WEKIVA SPRINGS RD.
SUITE 1000
LONGWOOD, FL. 32779

The mailing address of the Limited Liability Company is:

280 WEKIVA SPRINGS RD.
SUITE 1000
LONGWOOD, FL. 32779

Article III

The purpose for which this Limited Liability Company is organized is:

INTERNAL MEDICINE PRACTICE

Article IV

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

MANUEL J FABRE
280 WEKIVA SPRINGS RD
SUITE 1000
LONGWOOD, FL. FL

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: MANUEL J. FABRE

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Article V

The name and address of managing members/managers are:

Title: MGR
RAUL E TAMAYO
280 WEKIVA SPRINGS RD SUITE 1000
LONGWOOD, FL. 32779

Article VI

The effective date for this Limited Liability Company shall be:

09/02/2010

Signature of member or an authorized representative of a member

Signature: MANUEL J FABRE