Electronic Articles of Organization
For
Florida Limited Liability Company

L10000092493
FILED 8:00 AM
September 02, 2010
Sec. Of State
lsellers

Article I

The name of the Limited Liability Company is:

DADE CITY PRIMARY CARE CENTER, LLC

Article II

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

36739 STATE ROAD 52
SUITE 104
DADE CITY, FL. 33625

The mailing address of the Limited Liability Company is:

19323 AQUA SPRINGS DRIVE,
LUTZ, FL. 33558

Article III

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

MEDICAL PRACTICE

Article IV

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

NAMRATA AMIN
19323 AQUA SPRINGS DRIVE
LUTZ, FL. 33558

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: NAMRATA AMIN

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Article V

The name and address of managing members/managers are:

Title: MGRM
AMIN NAMRATA
19323 AQUA SPRINGS DRIVE
LUTZ, FL. 33558

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: NAMRATA AMIN