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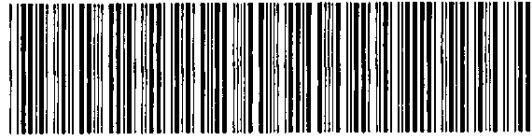
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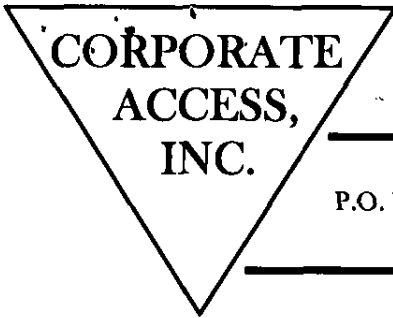
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- CERTIFIED COPY \_\_\_\_\_
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1. NIBHA Mediratta MD, PL  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
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6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

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**ARTICLES OF ORGANIZATION  
OF  
NIBHA MEDIRATTA MD, PL**

The undersigned, who is a duly licensed doctor of medicine in the State of Florida and desiring to form a professional limited liability company in accordance with the Florida Limited Liability Company Act and the Florida Professional Service Corporation and Limited Liability Company Act, does hereby adopt the following Articles of Organization for the Limited Liability Company:

**FIRST:** The name of the Limited Liability Company is NIBHA MEDIRATTA MD, PL

**SECOND:** The Limited Liability is organized for the purpose of engaging in the practice of medicine and to take all actions necessary or proper in connection with such practice.

**THIRD:** The mailing address and street address of the principal office of the Limited Liability Company is 265 Citrus Tower Blvd, Ste #206, Clermont, FL 34711.

**FOURTH:** The street address of the initial registered office of the Limited Liability Company in Florida is 265 Citrus Tower Blvd, Ste #206, Clermont, FL 34711 and the name of the Initial registered agent of the Limited Liability Company in Florida at that address is Nibha Mediratta.

**FIFTH:** The members of the Limited Liability Company shall consist of not less than one Member. The name and address of the initial Members is:

Nibha Mediratta (MGRM)  
265 Citrus Tower Blvd, Ste #206  
Clermont, FL 34711

**FIFTH:** The Limited Liability Company is to be managed by the Manager Members.

**IN WITNESS WHEREOF**, the Members have executed and acknowledged these Articles of Organization on September 23, 2010.

  
\_\_\_\_\_  
Nibha Mediratta


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**CONSENT TO APPOINTMENT  
BY REGISTERED AGENT**

I, having been named as Registered Agent for NIBHA MEDIRATTA MD, PL, hereby voluntarily consent to serve as Registered Agent for NIBHA MEDIRATTA MD, PL

I know and understand the duties and responsibilities of a Registered Agent as set forth in the Florida Statutes Annotated Sections 608.401 to 608.471, and I hereby accept those duties and responsibilities.

Dated: September 23, 2010

  
Nibha Mediratta