Electronic Articles of Organization
For
Florida Limited Liability Company

L10000104409
FILED 8:00 AM
October 06, 2010
Sec. Of State
ncausseaux

Article I

The name of the Limited Liability Company is:

TUI FAMILY MEDICINE PL

Article II

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

3817 CALLIOPE AVE
PORT ORANGE, FL. US 32129

The mailing address of the Limited Liability Company is:

3817 CALLIOPE AVE
PORT ORANGE, FL. US 32129

Article III

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

THE PURPOSE AND CHARACTER OF THE COMPANY IS TO PROVIDE MEDICAL SERVICES AS A PROFESSIONAL LIMITED LIABILITY COMPANY TO THE PUBLIC THAT ANY PHYSICIAN DULY LICENSED UNDER THE LAWS OF THE STATE OF FLORIDA IS AUTHORIZED TO RENDER, BUT SUCH PROF

Article IV

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

PHYSICIANS RESOURCE LLC
200 EAST GRANADA BLVD
304
ORMOND BEACH, FL. 32176

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: JAY LUCAS

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Article V

The name and address of managing members/managers are:

Title: MGRM
ANUNPORN SRISAWAT
3817 CALLIOPE AVE
PORT ORANGE, FL. 32129 US

Article VI

The effective date for this Limited Liability Company shall be:

10/06/2010

Signature of member or an authorized representative of a member

Signature: JAY LUCAS