Electronic Articles of Organization
For
Florida Limited Liability Company

L10000105869
FILED 8:00 AM
October 11, 2010
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:

PHYSICIAN ON DEMAND LLC

Article II

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

2198 MAYFLOWER DR
PALM CITY, FL. US 34990

The mailing address of the Limited Liability Company is:

2198 MAYFLOWER DR
PALM CITY, FL. US 34990

Article III

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

HEALTH CARE

Article IV

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

WALTER GIL
2198 MAYFLOWER DR
PALM CITY, FL. 34990

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: WALTER GIL

Article V

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The name and address of managing members/managers are:

Title: MGRM
WALTER GIL
2198 MAYFLOWER DR
PALM CITY, FL. 34990

Signature of member or an authorized representative of a member

Signature: RAMA A JOHNSON