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No. 9153 P. 1

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: langelici@wsmslaw.com

**FLORIDA LIMITED LIABILITY CO.  
DOCTOR CONNECT, LLC**

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**ARTICLES OF ORGANIZATION  
OF  
DOCTOR CONNECT, LLC**

A Florida Limited Liability Company

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

**ARTICLE I — Name:**

The name of the limited liability company (hereinafter referred to as the "Company") is:

DOCTOR CONNECT, LLC

**ARTICLE II — Address:**

The street address of the principal office and the mailing address of the Company is:

1335 Sweetwater Cove, Suite 102  
Naples, Florida 34110

**ARTICLE III — Registered Agent:**

The name and the Florida street address of the initial registered agent are:

Lina Angelici, Esq.  
Williams Schifino Mangione & Steady, P.A.  
One Tampa City Center, Suite 3200  
Tampa, Florida 33602

**ARTICLE IV — Management:**

The Company is to be managed by a manager, and is therefore a manager-managed limited liability company. The name and business address of the initial manager is as follows:


Julie A. Basile 1335 Sweetwater Cove, Suite 102  
Naples, Florida 34110

*Signature Page Follows.*

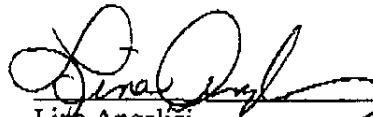
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IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 10<sup>th</sup> day of January 2011.

  
Lina Angelici  
As Authorized Representative

In accordance with Section 608.408(3) of the Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
Lina Angelici  
January 10, 2011

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### STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

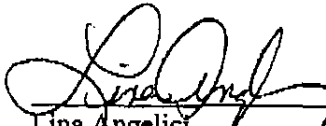
I hereby accept the designation as registered agent to accept service of process for DOCTOR CONNECT, LLC at the place designated in this statement below. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent under Chapter 608 of the Florida Statutes.

IN WITNESS WHEREOF, I have signed this Statement Accepting Appointment as Registered Agent effective as of the 10<sup>th</sup> day of January 2011.



Lina Angelici, As Registered Agent  
Williams Schifino Mangione & Steady, P.A.  
One Tampa City Center, Suite 3200  
Tampa, Florida 33602

In accordance with section 608.408(3) of the Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Lina Angelici  
January 10, 2011

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