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(Requestor's Name)

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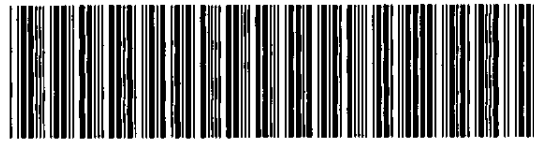
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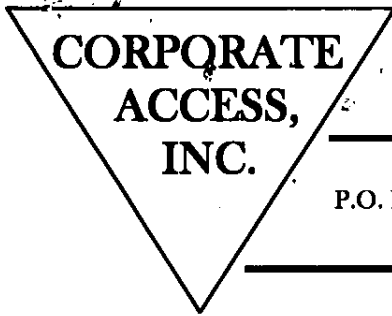
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PL

1. Women's Health Specialists of Central Florida, PL
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**ARTICLES OF ORGANIZATION
OF
WOMEN'S HEALTH SPECIALISTS OF CENTRAL FLORIDA, 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 WOMEN'S HEALTH SPECIALISTS OF CENTRAL FLORIDA, 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 of the principal office of the Limited Liability Company is 402 NW Sheffield Circle, Port St. Lucie, FL 34983.

FOURTH: The street address of the initial registered office of the Limited Liability Company in Florida is 3131 Innovation Way, St. Cloud, FL 34769 and the name of the Initial registered agent of the Limited Liability Company in Florida at that address is Silpa Senchani.

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:

Silpa Senchani (MGRM)
402 NW Sheffield Circle
Port St. Lucie, FL 34983

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 February 23, 2011.



Silpa Senchani

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**CONSENT TO APPOINTMENT
BY REGISTERED AGENT**

I, having been named as Registered Agent for WOMEN'S HEALTH SPECIALISTS OF CENTRAL FLORIDA, PL, hereby voluntarily consent to serve as Registered Agent for WOMEN'S HEALTH SPECIALISTS OF CENTRAL FLORIDA, 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: February 23, 2011

S. Silpa

Silpa Senchani