Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H11000085644 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE

Account Number : 072731001155 Phone : (B13)253-2020 Fax Number : (813)251-6711

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

Email Address:

RECEIVED

FLORIDA LIMITED LIABILITY CO. DMP OB/GYN Associates, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Files MACLEOD Help

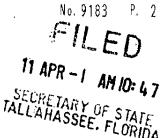
EXAMINER

JIW

4/1/2011

H110000856443

ARTICLES OF ORGANIZATION OF TAI DMP OB/GYN ASSOCIATES, LLC



The undersigned hereby organizes a limited liability company under the provisions of the Florida Limited Liability Company Act (the "Act"), and pursuant to the following Articles of Organization:

ARTICLE 1 Name

The name of this limited liability company is DMP OB/GYN ASSOCIATES, LLC (hereafter, the "Company").

ARTICLE 2 Effective Date

This Company shall have perpetual existence, commencing on the date that these Articles of Organization are filed with the Florida Department of State.

ARTICLE 3 Mailing Address and Principal Office

The mailing address and the street address of the principal office of the Company is 6450 38th Avenue North, Suite 200, St. Petersburg, Florida 33710.

ARTICLE 4 Initial Registered Office and Agent

The street address of the initial registered office of this Company is 601 Bayshore Boulevard, Suite 700, Tampa, Florida 33606, and the name of the initial registered agent of this Company at that address is Leslie Wager Hudock.

No. 9183 P. 3

H110000856443

ARTICLE 5 Management of the Company

The Company is to be managed by one or more managers and is, therefore, a manager-managed company. The name and address of the initial manager is Jeffrey K. Carlson, M.D., 6450 38th Avenue North, Suite 200, St. Petersburg, Florida 33710.

ARTICLE 6 Indemnification

The Company shall indemnify its managers and members to the fullest extent authorized by law.

IN WITNESS WHEREOF, the undersigned authorized representative of the members has executed these Articles of Organization this 1st day of April, 2011, and the undersigned registered agent acknowledges that she is familiar with, and accepts, the obligations of her position as registered agent of the Company as provided for in Chapter 608 of the Florida Statutes.

LESINE WAGER HUDOCK, Authorized Representative and Registered Agent