

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L11000046647
FILED 8:00 AM
April 19, 2011
Sec. Of State
clewis**

Article I

The name of the Limited Liability Company is:

UNIFIED HEALTH PROVIDERS, LLC

Article II

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

5323 4TH AVENUE CIRCLE EAST
BRADENTON, FL. US 34208

The mailing address of the Limited Liability Company is:

4205 W. ATLANTIC AVENUE
C-304
DELRAY BEACH, FL. US 33445

Article III

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

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

JOHN BRIGGS
4205 W. ATLANTIC AVENUE
C-304
DELRAY BEACH, FL. 33445

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: JOHN BRIGGS

Article V

The name and address of managing members/managers are:

Title: MGRM
JOHN BRIGGS
18380 LONG LAKE DRIVE
BOCA RATON, FL. 33496

Title: MGRM
ROBERT BADER
8130 ROYAL PALM BOULEVARD, #201
CORAL SPRINGS, FL. 33065

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Signature of member or an authorized representative of a member

Electronic Signature: JOHN BRIGGS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.