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PL

1. Salvato Medical, PL
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
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**ARTICLES OF ORGANIZATION
FOR
SALVATO MEDICAL, PL**

The undersigned Organizer, who is duly licensed to practice medicine in the State of Florida and desiring to form a professional limited liability company pursuant to the provisions of the Florida Limited Liability Company Act and the Florida Professional Service Corporation and Limited Liability Act, hereby submits, and files with the Florida Department of State, the following Articles of Organization.

ARTICLE I — NAME:

The name of the Limited Liability Company shall be: Salvato Medical, PL (the "Company").

ARTICLE II — ADDRESS:

The mailing address and street address of the principal office of the Company shall be as follows:

402 Sunset Road
Plant City, FL 33563

ARTICLE III — REGISTERED AGENT AND REGISTERED OFFICE:

The address of the initial registered office of the Company in the State of Florida is 121 North Collins Street, Plant City, Florida 33564, and the name of the registered agent at such address is Keith C. Smith, Esquire.

ARTICLE IV — PURPOSE:

The purpose for which the Company is organized shall be to engage in and carry on all branches of the practice of medicine within the State of Florida, and to do those things that are necessary or proper in connection within that practice.

ARTICLE V — MANAGEMENT:

The Company is to be managed by its sole member and the name and address of such Member who is to serve is:

Michael Salvato, M.D.
402 Sunset Road
Plant City, FL 33563

IN WITNESS WHEREOF, the undersigned Organizer has executed these Articles of Organization this 1st day of June, 2011. In accordance with the Acts, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Michael G. Salvato
Michael Salvato, Organizer

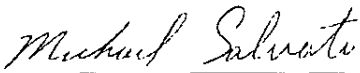
CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Sections 608.415, Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida:

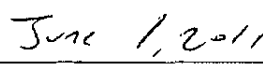
1. The name of the company is:

Salvato Medical, PL
2. The name and address of the registered agent and office is:

Keith C. Smith, Esquire
121 North Collins Street
Plant City, Florida 33564




Michael Salvato, Organizer

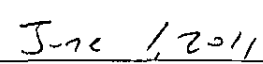


Date

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.



KEITH C. SMITH, ESQUIRE



Date