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(City/State/Zip/Phone #)

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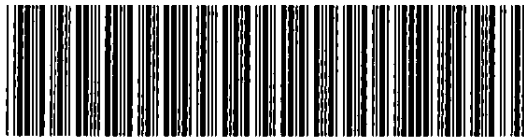
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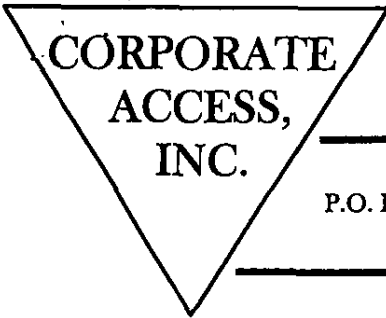


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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*LLC*

1. *Awesome Healthcare, LLC*  
(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 #)

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**ARTICLES OF ORGANIZATION  
OF  
AWESOME HEALTHCARE, LLC**

The undersigned, who are the duly licensed doctors 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 AWESOME HEALTHCARE, LLC

**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 and street address of the principal office of the Limited Liability Company is 12644 Victorica Place Circle, # 7106, Orlando, FL 32828.


**FOURTH:** The street address of the initial registered office of the Limited Liability Company in Florida is 12644 Victorica Place Circle, # 7106, Orlando, FL 32828 and the name of the Initial registered agent of the Limited Liability Company in Florida at that address is Abbasesh Saedi.

**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:

Abbasesh Saedi (MGRM)  
12644 Victorica Place Circle  
# 7106  
Orlando, FL 32828

**FIFTH:** The Limited Liability Company is to be managed by the Members.

**IN WITNESS WHEREOF**, the Members have executed and acknowledged these Articles of Organization on June 17, 2011.

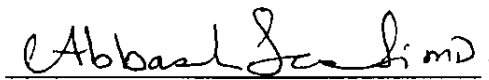
  
Abbasesh Saedi

**CONSENT TO APPOINTMENT  
BY REGISTERED AGENT**

I, having been named as Registered Agent for AWESOME HEALTHCARE, LLC hereby voluntarily consent to serve as Registered Agent for AWESOME HEALTHCARE, LLC

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: June 17, 2011

  
Abbasesh Saedi