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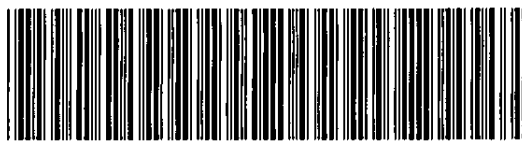
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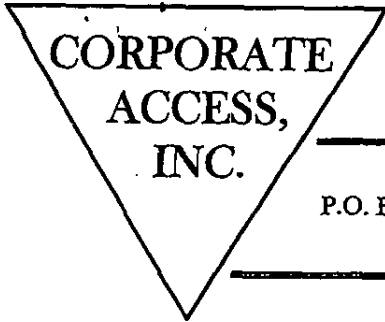


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WALK IN

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- CERTIFIED COPY _____
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1. Sachdev Psychiatric Services, 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
SACHDEV PSYCHIATRIC SERVICES, PL**

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11 AUG 29 PM 1:18

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 SACHDEV PSYCHIATRIC SERVICES, 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 and street address of the principal office of the Limited Liability Company is 860 Century Medical Drive, Titusville, FL 32796.

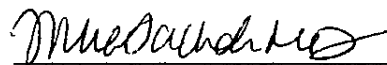
FOURTH: The street address of the initial registered office of the Limited Liability Company in Florida is 860 Century Medical Drive, Titusville, FL 32796 and the name of the Initial registered agent of the Limited Liability Company in Florida at that address is Mira Sachdev.

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:

Mira Sachdev (MGRM)
860 Century Medical Drive
Titusville, FL 32796

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 August 26, 2011.



Mira Sachdev

**CONSENT TO APPOINTMENT
BY REGISTERED AGENT**

I, having been named as Registered Agent for SACHDEV PSYCHIATRIC SERVICES, PL., hereby voluntarily consent to serve as Registered Agent for SACHDEV PSYCHIATRIC SERVICES, 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: August 26, 2011



Mira Sachdev