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FLORIDA LIMITED LIABILITY CO.
Neuropsychiatric Institute, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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EXAMINER

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**ARTICLES OF ORGANIZATION
FOR
NEUROPSYCHIATRIC INSTITUTE, LLC**

ARTICLE I - Name

The name of the Limited Liability Company is **NEUROPSYCHIATRIC INSTITUTE, LLC.**

ARTICLE II - Address

The mailing address and street address of the Limited Liability Company is:

4107 W. Spruce Street, Suite 100
Tampa, Florida 33607

ARTICLE III - Services Rendered

The Company shall render professional services in the mental health field.

ARTICLE IV - ADMISSION OF MEMBERS

No person may be admitted as a Member, whether as a substituted Member or an additional Member, except upon the approval of all the Members in the manner set forth in the Operating Agreement of the Company, as it may be amended from time to time, or as otherwise agreed by all of the Members.

**ARTICLE V - PROFESSIONAL LICENSE SUSPENSION, RESTRICTION OR
TERMINATION**

If a Member who provides licensed mental health services on behalf of the Company or an employee who provides such services on behalf of the Company becomes legally disqualified from rendering such mental services within the State of Florida or whose mental health services become subject to restrictions or limitations under any Florida law, such Member's or employee's employment and financial interest in the Company will be immediately terminated, and such Member will cease to be a Member of the Company and instead will become a creditor only of the Company until the Company's liability for the redemption price of such Member's Interest in the Company as determined in accordance with the Operating Agreement, as amended at the effective time, is satisfied.

ARTICLE VI - TRANSFER OF INTEREST IN COMPANY

No transfer of an Interest in the Company is permitted or valid except in accordance with the restrictions on transfer contained in the Operating Agreement of the Company, as amended at

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the effective time.

ARTICLE VII - Registered Agent and Registered Address

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

Erin Smith Aebel, Esq.
Shumaker, Loop & Kendrick, LLP
101 East Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization as a Member this 2 day of ~~August~~, 2011.

September

Walter E. Afield, M.D.
Walter E. Afield, M.D., Member

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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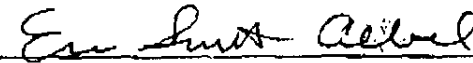
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is Neuropsychiatric Institute, LLC.
2. The name and the Florida street address of the registered agent are:

Erin Smith Aebel, Esq.
Shumaker, Loop & Kendrick, LLP
101 East Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

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.


Erin Smith Aebel, Esq.
Registered Agent

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