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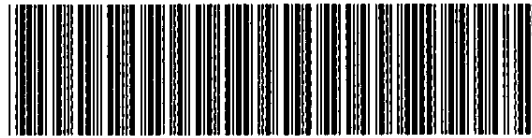
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Reid Endocrine, LLC

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____ Art of Inc. File _____
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____ Certificate of Fictitious Name _____
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____ Fictitious Search _____
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ARTICLES OF ORGANIZATION FOR

Reid Endocrine, LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **Reid Endocrine, LLC**

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is **550 Biltmore Way, Coral Gables, Florida, 33134**

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **John C. Sullivan, Jr., Esq., 2555 Ponce De Leon Blvd., Ste 320, Coral Gables, Fla.**

ARTICLE IV: MANAGING MEMBERS

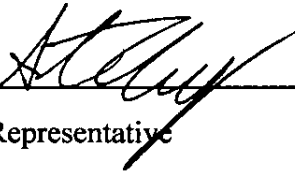
The name and address of the initial Managing Members of the company are:

Edward L. Reid, Managing Member, 550 Biltmore Way, Coral Gables, Florida, 33134

Frances York Reid, Managing Member, 550 Biltmore Way, Coral Gables, Florida, 33134

The undersigned has executed these Articles of Organization this 11th day of November 2011.

"Your Capital Connection, Inc. by, Seth Neeley, Client Representative"



Authorized Representative

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

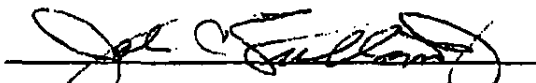
Pursuant to the provisions of section 608.415, Florida Statutes, the mentioned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent and registered office, in the state of Florida.

1. The name of the company is: Reid Endocrine, LLC

2. The name and address of the registered agent and office is:

John C. Sullivan, Jr., Esq., 2555 Ponce De Leon Blvd., Ste 320, Coral Gables, Fla.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.


JOHN C. SULLIVAN, JR., ESQ.