

Division of Corporations

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FLORIDA LIMITED LIABILITY CO.
MEDICAL CITY INVESTMENTS, LLC

Certificate of Status	1
Certified Copy	1
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**ARTICLES OF ORGANIZATION
OF
MEDICAL CITY INVESTMENTS, LLC**

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 608, *Florida Statutes*, does hereby certify as follows:

ARTICLE I - NAME

The name of the limited liability company is **MEDICAL CITY INVESTMENTS, LLC** (the "Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is

12769 Narcoossee Road
Orlando, Florida 32832

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

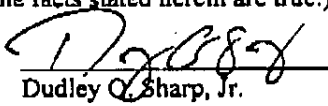
The name and Florida street address of the registered agent are

Dudley Q. Sharp, Jr., Esq.
200 S. Orange Ave., Suite 800
Orlando, Florida 32801

Having been named as registered agent and to accept service of process for **MEDICAL CITY INVESTMENTS, LLC**, 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 as provided for in Chapter 608, *Florida Statutes*.


Dudley Q. Sharp, Jr.

(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.)


Dudley Q. Sharp, Jr.
Authorized representative

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