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To:

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Fax Number : (850) 617-6383

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.  
Account Number : 073222003555  
Phone : (561) 686-3307  
Fax Number : (561) 471-0894

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: bmann@nasonyeager.com

FLORIDA LIMITED LIABILITY CO.

Pond Medical Group, LLC

Certificate of Status	1
Certified Copy	0
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**ARTICLES OF ORGANIZATION**  
**OF**  
**POND MEDICAL GROUP, LLC**

The undersigned Authorized Representative, desiring to form a Florida limited liability company under the Florida Limited Liability Company Act ("Act"), Section 608.401-608.703, Florida Statutes, does hereby make and file these Articles of Organization.

**ARTICLE I**

**NAME**

The name of this limited liability company ("Company") is:

POND MEDICAL GROUP, LLC

**ARTICLE II**

**ADDRESS**

The mailing address and street address of the Company's principal office are:

2328 10th Avenue, Suite 300-301  
Lake Worth, Florida 33461

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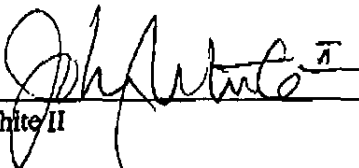
**ARTICLE III**

**REGISTERED OFFICE AND AGENT**

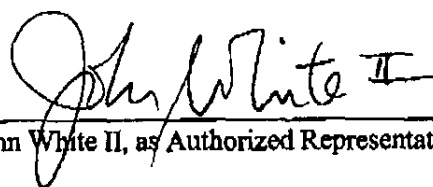
The name and Florida street address of the registered agent are:

John White II, Esquire  
Nason, Yeager, Gerson, White, & Lioce P.A.  
1645 Palm Beach Lakes Boulevard, Suite 1200  
West Palm Beach, Florida 33401

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

  
\_\_\_\_\_  
John White II

IN WITNESS WHEREOF, the undersigned Authorized Representative has made and subscribed these Articles of Organization on the date hereinafter set forth.

  
\_\_\_\_\_  
John White II, as Authorized Representative  
October \_\_, 2012

(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.)