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To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

: SHUFFIELD LOWMAN Account Name

Account Number : 120030000118

Phone

: (407)581-9800

Fax Number

: (407)581-9801

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

Email Address: <u>REGISTEREDAGENT@SHUFFIELDLOWMAN.CC</u>

FLORIDA LIMITED LIABILITY CO.

INTEGRITY MEDICAL PENNSYLVANIA PROPERTY, LLC

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ARTICLES OF ORGANIZATION OF INTEGRITY MEDICAL PENNSYLVANIA PROPERTY, LLC A Florida Limited Liability Company

ARTICLE I NAME

The name of this limited liability company is INTEGRITY MEDICAL PENNSYLVANIA PROPERTY, LLC, referred to in these Articles of Organization as the "Company."

ARTICLE II MAILING AND STREET ADDRESS

The mailing address and street address of the principal office of the Company are as follows:

1340 Bennett Drive Longwood, FL 32750

ARTICLE III COMMENCEMENT OF COMPANY'S EXISTENCE

In accordance with Section 608.409(1), Florida Statutes, the Company's existence shall be deemed to have commenced on the date on which these Articles of Organization are filed by the Florida Department of State.

ARTICLE IV REGISTERED AGENT

The address of the initial Registered Office and the Registered Agent at such address are as follows:

William R. Lowman, Jr., Esq. Shuffield, Lowman & Wilson, P.A. 1000 Legion Place, Suite 1700 Orlando, FL 32801

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ARTICLE V MANAGEMENT

The Company is to be a manager-managed company. A manager may receive compensation for his or its services. The name and address of the initial manager are as follows:

Ola R. Williams-Milam 1340 Bennett Drive Longwood, FL 32750

ARTICLE VI APPLICABLE LAW

The Company is created pursuant to Chapter 608, Florida Statutes, and shall be governed by the laws of the State of Florida.

William R. Lowman, Jr., Esq., as Authorized Representative

ACCEPTANCE OF DESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

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 as provided for in Chapter 608 of the Florida Statutes.

William R. Lowman, Jr., Esq.