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To:

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From:

Account Name : GEORGE F. INDEST III, P.A. - THE HEALTH LAW FIRM
Account Number : I20000000056
Phone : (407) 331-6620
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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**FLORIDA LIMITED LIABILITY CO.
IMA ORLANDO, LLC**

Certificate of Status	1
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Page Count	03
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**ARTICLES OF ORGANIZATION
OF
IMA ORLANDO, LLC**

**ARTICLE I
Name and Duration**

The name of this Limited Liability Company is IMA ORLANDO, LLC (hereinafter referred to as the "Company"). The duration of the Company shall be perpetual, commencing as of the date signed below or when accepted for filing by the Secretary of State.

**ARTICLE II
Principal Office**

The mailing address and street address of the principal office of the Company is 8367 Via Rosa, Orlando, Florida 32836, or such other place as the Members may determine from time to time.

**ARTICLE III
Registered Office and Agent**

The address of the registered office of the Company in the State of Florida is 8367 Via Rosa, Orlando, Florida 32836. The name of the registered agent at such address is Patricia Pichardo.

**ARTICLE IV
Company Purposes, Powers and Rights**

1. The nature of the business to be conducted or promoted and the purposes of the Company to engage in any and all purposes permitted by law.
2. The Company shall have all of the powers granted to a limited liability company under the laws of the State of Florida, including, without limitation, the powers specifically enumerated in Section 608.404, Florida Statutes.

**ARTICLE V
Members**

The initial members of the Company (the "Members") are set forth in the Company's records dated as of the date hereof.

**ARTICLE VI
Amendment**

The Members shall have the right to amend, alter, change or repeal any provision contained in these Articles of Organization, in the manner now or hereafter prescribed by a written agreement among the Members and all rights conferred upon Members herein are granted subject to this reservation.

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The undersigned, for the purpose of forming a Limited Liability Company under the laws of the State of Florida, and as the Authorized Representative of the Company, does execute, file and record these Articles of Organization, and does certify that the facts herein stated are true.

DATED: This 3rd day of April 2013.

AUTHORIZED REPRESENTATIVE & ORGANIZER:

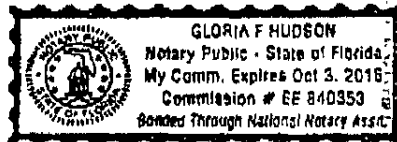
Patricia Pichardo
PATRICIA PICHARDO

ACKNOWLEDGMENT

STATE OF FLORIDA }
COUNTY OF ORANGE }

The foregoing instrument was acknowledged before me on this 4 day of April 2013, by Patricia Pichardo, who is personally known to me, acting as the Authorized Representative and Organizer of this Company.

Gloria F Hudson
NOTARY PUBLIC-STATE OF FLORIDA



NOTARY PUBLIC-STATE OF FLORIDA

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT AND REGISTERED OFFICE
OF
IMA ORLANDO, LLC**

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: IMA ORLANDO, LLC
2. The name and the Florida street address of the registered agent are:

Patricia Pichardo
8367 Via Rosa
Orlando, Florida 32836

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.


PATRICIA PICHARDO

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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