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Division of Corporations

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Florida Department of State
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To:

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Fax Number : (850) 617-6383

From:

Account Name : GREENE HAMRICK QUINLAN SCHERMER & ESPOSITO, P.A.
Account Number : I19990000030
Phone : (941) 747-1871
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FLORIDA LIMITED LIABILITY CO.
Optimum Point of Care Physicians Group, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

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J. BRYAN

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Optimum Point of Care Physicians Group, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

6660 Coopers Hawk Ct.
Bradenton, Florida 34202

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Robert F. Greene, Esq.
601 12th Street West
Bradenton, Florida 34205

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 property 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, F.S.

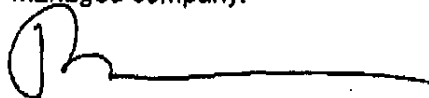


SIGNATURE

ARTICLE IV - Management:
(Check box if applicable)



The Limited Liability company is to be managed by one manager or more managers and is, therefore, a manager-managed company.



Signature of a member or an authorized representative of a member.

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Robert F. Greene

Typed or printed name of signee

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