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TALLAHASSEE, FLORIDA

N. Gulligan FEB -5, 2015

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LLC

1. Medical Administrative Consultants, LLC

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

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(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
MEDICAL ADMINISTRATIVE CONSULTANTS, LLC**

The undersigned, being the Members and Organizers of the Limited Liability Company hereby being formed under the Florida Statutes Annotated Sections 605.0201, do hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company is **MEDICAL ADMINISTRATIVE CONSULTANTS, LLC**

SECOND: The Limited Liability is organized to engage in and any lawful act concerning any lawful business, other than banking and insurance, for which a limited liability company may be organized in accordance with the Florida Statutes Annotated Sections 605.0201, including all powers and purposes now and hereafter permitted by law to a limited liability company.

THIRD: The mailing address and street address of the principal office of the Limited Liability Company is 11300 Bridge House Road, Windermere, FL 34786.

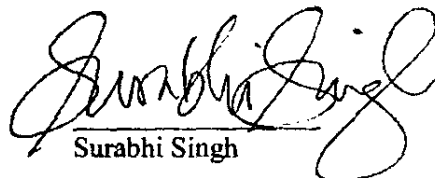
FOURTH: The street address of the initial registered office of the Limited Liability Company in Florida is 11300 Bridge House Road, Windermere, FL 34786 and the name of the Initial registered agent of the Limited Liability Company in Florida at that address is Surabhi Singh.

FIFTH: The members of the Limited Liability Company shall consist of not less than one Member. The name and address of the initial Members are:

Surabhi Singh (AMBR)
11300 Bridge House Road
Windermere, FL 34786

FIFTH: The Limited Liability Company is to be managed by the Members.

IN WITNESS WHEREOF, the Members have executed and acknowledged these Articles of Organization on January 24, 2015.


Surabhi Singh

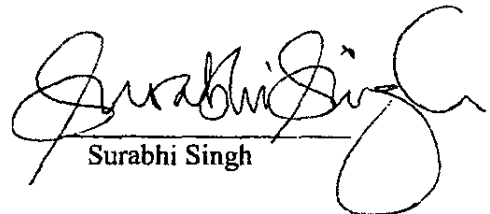
**CONSENT TO APPOINTMENT
BY REGISTERED AGENT**

I, having been named as Registered Agent for MEDICAL ADMINISTRATIVE
CONSULTANTS, LLC

hereby voluntarily consent to serve as Registered Agent for MEDICAL
ADMINISTRATIVE CONSULTANTS, LLC

I know and understand the duties and responsibilities of a Registered Agent as set forth in
the Florida Statutes Annotated Sections 605.0201, and I hereby accept those duties and
responsibilities.

Dated: January 24, 2015


Surabhi Singh

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