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(Address)

(Address)

(City/State/Zip/Phone #)

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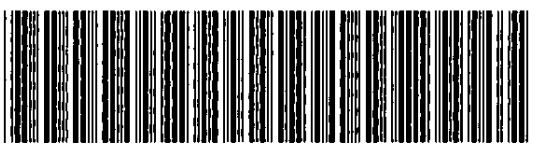
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1. Medcon Medical Consulting, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLES OF ORGANIZATION

OF

MEDCON MEDICAL CONSULTING, LLC

a Florida Limited Liability Company

FILED
15 MAR 31 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, the Organizer and Managing Member of the Limited Liability Company, being authorized to execute and file these Articles, executes and files with the Florida Department of State these Articles of Organization pursuant to Section 605.0201, Florida Statutes, and certifies as follows:

ARTICLE I

Name

The name of the Limited Liability Company is:

MEDCON MEDICAL CONSULTING, LLC

ARTICLE II

LLC Address

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

3507 Bayshore Boulevard
Unit 403
Tampa, Florida 33629

ARTICLE III

Duration

The Company shall begin existence upon the filing of these Articles of Organization with the Florida Department of State. The Company shall have perpetual existence.

ARTICLE IV

Purpose

The purpose of the Limited Liability Company is to engage in the business of providing medical consulting and to engage in any other lawful business(es) as permitted under the laws of the State of Florida or other state(s) of the United States.

ARTICLE V
Registered Agent and Office

The name and address of the Limited Liability Company's Registered Agent in Florida is:

Alexander R. H. Rodriguez, M.D.
3507 Bayshore Boulevard
Unit 403
Tampa, Florida 33629

By his signature below, Alexander R. H. Rodriguez, M.D. agrees to accept all responsibility associated with serving as Registered Agent for the Limited Liability Company.

Alexander R. H. Rodriguez, M.D.
Alexander R. H. Rodriguez, M.D.

IN WITNESS WHEREOF, the undersigned has set his hand and seal in Tampa, Hillsborough County, Florida, this 27 day of March, 2015.

Alexander R. H. Rodriguez, M.D.
Alexander R. H. Rodriguez, M.D.
Organizer and Managing Member

The foregoing instrument was acknowledged before me this 27 day of March, 2015, by ALEXANDER R. H. RODRIGUEZ, M.D., as Organizer and Managing Member of MEDCON MEDICAL CONSULTING, LLC. He is personally known to me or has produced Florida Driver's License as identification.

(NOTARY SEAL)



Lauren B Wolf
Notary Public, State of Florida

Lauren B Wolf
Typed/Printed Name of Notary

My Commission Expires: 04/29/2018

ACCEPTANCE OF REGISTERED AGENT

The undersigned, having been named as Registered Agent and to accept service of process for the above-styled Limited Liability Company at the place designated herein, does hereby accept the appointment as Registered Agent and agrees to act in such capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the property and complete performance of duties; and the undersigned is familiar with and accepts the obligations of the position as Registered Agent as provided for the Chapter 605, Florida Statutes.

Alexander R. H. Rodriguez M.D.

Alexander R. H. Rodriguez, M.D.
3507 Bayshore Boulevard
Unit 403
Tampa, Florida 33629

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