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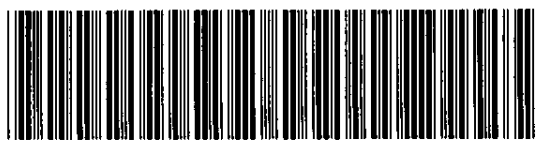
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**PL**

**1. MICHAEL A. SALVATO, PL**

(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  
FOR  
MICHAEL A. SALVATO, M.D., PLLC**

The undersigned Organizer, who is duly licensed to practice medicine in the State of Florida and desiring to form a professional limited liability company pursuant to the provisions of the Florida Revised Limited Liability Company Act and the Florida Professional Service Corporation and Limited Liability Act, hereby submits, and files with the Florida Department of State, the following Articles of Organization.

**ARTICLE I — NAME:**

The name of the Limited Liability Company shall be: Michael A. Salvato, M.D., PLLC (the "Company").

**ARTICLE II — ADDRESS:**

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

402 Sunset Road  
Plant City, FL 33563

**ARTICLE III — REGISTERED AGENT AND REGISTERED OFFICE:**

The address of the initial registered office of the Company in the State of Florida is 121 North Collins Street, Plant City, Florida 33564, and the name of the registered agent at such address is Keith C. Smith, Esquire.

**ARTICLE IV — PURPOSE:**

The purpose for which the Company is organized shall be to engage in and carry on all branches of the practice of medicine within the State of Florida, and to do those things that are necessary or proper in connection with that practice.

**ARTICLE V — MANAGEMENT:**

The Company shall be managed by one or more Managers. The name and address of the initial Manager is:


Michael A. Salvato  
402 Sunset Road  
Plant City, FL 33563

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IN WITNESS WHEREOF, the undersigned Organizer has executed these Articles of Organization this 7<sup>th</sup> day of January, 2016. In accordance with Section 605.0201, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Michael A. Salvato, Organizer

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CLERK OF DISTRICT COURT  
JANUARY 1, 2016

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida:

1. The name of the company is:  
  
Michael A. Salvato, M.D., PLLC
2. The name and address of the registered agent and office is:  
  
Keith C. Smith, Esquire  
121 North Collins Street  
Plant City, Florida 33563

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\_\_\_\_\_  
Michael A. Salvato, Organizer

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\_\_\_\_\_  
Date

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.

  
\_\_\_\_\_  
KEITH C. SMITH, ESQUIRE

JAN - 7 2016

\_\_\_\_\_  
Date