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**FLORIDA LIMITED LIABILITY CO.
INTEGRATED PHYSICIANS PARTNERS LLC**

Certificate of Status	1
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Help

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

Integrated Physicians Partners I.LC

ARTICLE II - Address:

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

Physical: 336 N Babcock St., Ste 104

Mailing: 3682 N Wickham Rd, B1 #269

Melbourne, FL 32935

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*

D&D International Investment Services, Inc.
3682 N Wickham Rd, B1 #269
Melbourne, FL 32935

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

SEE BELOW

Integrated Physicians Partners LLC - Members

DR. ODETTE DALEY

AMBR

PO BOX 666

MELBOURNE, FL 32902

D & D INTERNATIONAL INVESTMENT SERVICES, INC MBR
3682 N ICKHAM RD, B1 #269
MELBOURNE, FL 32935

IHS, LLC
1064 TO-LANI LANE
STONE MOUNTAIN, GA 30083

MBR

Required Signatures:

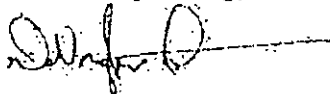
Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), 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.

Devaughn Dames

Typed or printed name of signee

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 as provided for in Chapter 605, F.S..



Registered Agent's Signature (REQUIRED)