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RICHARD C. JANS, P.A.
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FILED
95 JUL -3 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 30, 1995

VIA UPS OVERNIGHT

Division of Corporations
Department of State
409 E. Gaines Street
Tallahassee, Florida 32314

Re: Life Family Practice Center, P.L.

Gentlemen:

Enclosed is a check in the amount of \$337.50 to cover the following fees of your office:

Filing Fee	\$250.00
Registered Agent Designation	35.00
Certified Copy of Articles	52.50

400001530014
-07/05/95--01054--002
****337.50****337.50

Enclosed are an executed original and one copy of the Articles of Organization of this proposed professional limited liability company, with executed registered agent form, along with an executed original Affidavit of Professional Limited Liability Company Member Contributions. Please return a certified copy of the Articles of Organization to me.

Thank you for your attention to this matter.

Very truly yours,


Richard C. Jans

EFFECTIVE DATE
7-1-95

RCJ:psm

Enclosures

(1234)

ARTICLES OF ORGANIZATION
OF
LIFE FAMILY PRACTICE CENTER, P.L.

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SECRET
DATE
1995

The undersigned hereby certifies that the members named herein have associated together for the purpose of becoming a Professional Limited Liability Company under Florida Statutes Chapters 608 and 621, providing for the formation, rights, privileges, and immunities of professional limited liability companies for profit and the following Articles of Organization are hereby adopted.

ARTICLE I.
NAME

The name of the Professional Limited Liability Company shall be Life Family Practice Center, P.L.

ARTICLE II.
EFFECTIVE DATE; DURATION

The Professional Limited Liability Company shall commence its existence effective July 1, 1995. The Professional Limited Liability Company shall exist for a period terminating on December 31, 2030.

ARTICLE III.
ADDRESS; PRINCIPAL OFFICE

The mailing address of the Professional Limited Liability Company and the street address of the principal office Professional Limited Liability Company is 8923 N.E. 134th Avenue, Lady Lake, Florida 32159.

EFFECTIVE DATE
17-1-95

**ARTICLE IV.
INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The address of the initial registered office of the Professional Limited Liability Company is 380 W. Alfred Street, Tavares, Florida 32778, and the name of its initial registered agent at such address is Richard C. Jans.

**ARTICLE V.
PURPOSE**

This Professional Limited Liability Company is organized for the following purposes:

- A. To engage in every aspect of the practice of medicine and the performance of services ancillary thereto, including laboratory services and x-ray imaging.
- B. To render professional services in connection with the practice of medicine by and through its members, officers, employees, and agents who are duly licensed or otherwise legally authorized to render such professional services within the State of Florida.
- C. To invest its funds in real estate, mortgages, stocks, bonds and any other types of investments permitted by law.
- D. To own real and personal property necessary for the rendering of professional services authorized under these Articles of Organization.
- E. To engage in no other business.
- F. To do everything necessary, proper, advisable, or convenient for the accomplishment of any of the above described purposes, either alone or in association with others, including matters incidental or pertaining to, or connected with such purposes, provided the same shall not be inconsistent with the laws of the State of Florida.

ARTICLE VI.
RESTRICTIONS ON MEMBERSHIP;
RIGHT TO ADMIT ADDITIONAL MEMBERS

Individual members must be licensed to practice medicine in the State of Florida. The shareholders of any member that is a professional service corporation and the members of any member that is a professional limited liability company must each be licensed to practice medicine in the State of Florida. Existing members shall have the right to admit new members by consent of members representing 75% of the ownership interests in the Professional Limited Liability Company. Contributions required of new members shall be determined as of the time of admission to the Professional Limited Liability Company in accordance with the Regulations.

A member's interest in the Professional Limited Liability Company may not be sold or otherwise transferred except to a person licensed to practice medicine in the State of Florida, with written consent of members representing 75% of the ownership interests in the Professional Limited Liability Company and otherwise in accordance with the Regulations of this Professional Limited Liability Company.

ARTICLE VII.
CONTINUATION

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the Professional Limited Liability Company, the remaining members shall have the right to continue the business upon unanimous consent of such remaining members.

ARTICLE VIII.
MANAGEMENT

Management of the Professional Limited Liability Company is reserved to its members and the names and addresses of the initial members are as follows:

Nelson Kraucak

8923 N.E. 134th Avenue
Lady Lake, FL 32159

Marivic Villa

8923 N.E. 134th Avenue
Lady Lake, FL 32159

**ARTICLE IX.
REGULATIONS**

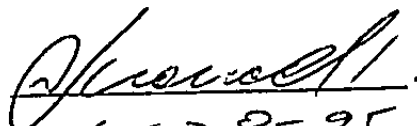
The members of the Professional Limited Liability Company shall have the power to adopt, alter, amend, or repeal Regulations which may contain any provisions for the regulation and management of the affairs of the Professional Limited Liability Company that are not inconsistent with applicable law or these Articles of Organization.

**ARTICLE X.
AMENDMENT**

These Articles of Organization may be amended by a vote of members representing 75% of the ownership interests in the Professional Limited Liability Company.

The undersigned, being an initial member of the Professional Limited Liability Company, hereby certifies that the foregoing constitutes the Articles of Organization of Life Family Practice Center, P.L.

Executed by the undersigned on


6-28-95


Nelson Kraucak

AFFIDAVIT OF
PROFESSIONAL LIMITED LIABILITY COMPANY
MEMBER CONTRIBUTIONS

The undersigned, being a member of Life Family Practice Center, P.L., a Florida Professional Limited Liability Company (the "Professional Limited Liability Company"), states and certifies as follows:

1. The Professional Limited Liability Company has at least two members, as identified in Article VIII of the Articles of Organization of even date herewith.

2. The amount of cash capital contributions to the Professional Limited Liability Company made by the members, in the aggregate, is \$5,000.00.

3. Property other than cash, consisting of furniture and equipment with a value of \$3,000, has been contributed by the members.

4. The amount of additional cash capital contributions anticipated to be contributed by the members is ZERO.

5. It is not anticipated that any property other than cash and the property described in paragraph 3 shall be contributed by the members.

6. Therefore, the total contributions by the members is \$8,000.00.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

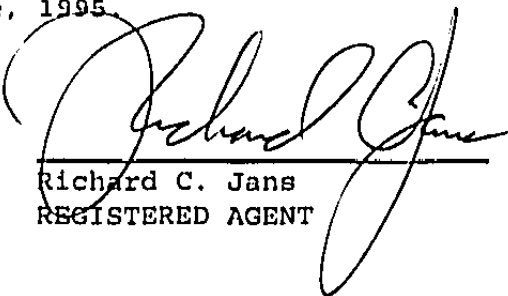
DATED this 29 day of JUNE 95.


Nelson Kraucak

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT
ACKNOWLEDGMENT OF REGISTERED AGENT

Pursuant to Section 608.415, Florida Statutes, I agree to act in the capacity of Registered Agent for the above Professional Limited Liability Company and will comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of that position.


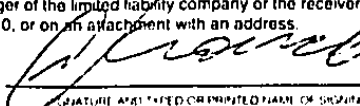
DATED this 30th day of June, 1995.



Richard C. Jans
REGISTERED AGENT

6:11 PM
95 JUL -3 PM 1:02
SECRETARY MAIL
TALLAHASSEE FLORIDA

FILE NOW: Fee after May 1, will be \$263.75

LIMITED LIABILITY COMPANY • ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Merham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND RECORDED MAY 1 1997 10:53 MAY 1 1997 12:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 238.75		Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L95000000522 LIFE FAMILY PRACTICE CENTER, P.L. 8923 N.E. 134TH AVENUE LADY LAKE FL 32159		1a. Principal Place of Business Address 8923 N.E. 134TH AVENUE LADY LAKE FL 32159			
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>					
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 07/01/1995 3a. State of Formation FL	
				4. FET Number 59-3322085 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> \$25 Additional Fee Required	
7. Name and Address of Current Registered Agent JANS, RICHARD C 380 W. ALFRED STREET TAVARES FL 32778			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 400001813454 -05/08/96--01052--015 City *****238.75 FL		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____			DATE _____		
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	KRAUCAK, NELSON	8923 N.E. 134TH AVENUE		LADY LAKE FL	
MEM	VILLA, MARIVIC	8923 N.E. 134TH AVENUE		LADY LAKE FL	
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 		2-28-96			