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LIMITED LIABILITY COMPANY

Advanced Medical Network, L.L.C.

W98-20362

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 8, 1998

JEFFREY L. COHEN, ESQUIRE
STRAWN, MONAGHAN & COHEN, P.A.
54 NORTHEAST FOURTH AVE.
DELRAY BEACH, FL 33483

SUBJECT: ADVANCED MEDICAL NETWORK, L.L.C.
REF: W98000020362

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

An affidavit is required pursuant to section 608.407(2), Florida Statutes, declaring the following: (1) the limited liability company has at least one member; (2) the actual amount of cash contributions; (3) the agreed value and a description of any property other than cash contributed; and (4) the total amount of cash or property anticipated to be contributed by the members.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Brenda Tadlock Sr. Corporate Section Administrator FAX Aud. #: E98000016567 Letter Number: 498A00045566

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**ARTICLES OF ORGANIZATION
OF
ADVANCED MEDICAL NETWORK, L.L.C.
A Florida Limited Liability Company**

The undersigned, acting as a member of a limited liability company under the Florida Limited Liability Company Act as set forth in Chapter 608 of the Florida Statutes, does hereby adopt the following Articles of Organization for Advanced Medical Network, L.L.C. (the "Company"):

ARTICLE ONE

NAME

The name of the Company is as follows:

ADVANCED MEDICAL NETWORK, L.L.C.

ARTICLE TWO

DURATION

The period of duration of the Company is perpetual, or until the earlier dissolution of the Company in accordance with the provisions of its regulations.

ARTICLE THREE

ADDRESS

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

2405 SE 17th Street
Suite 301
Ocala, FL 33471

Jeffrey L. Cohen, Esq. (Florida Bar #703966)
Strawn, Monaghan & Cohen, P.A.
54 Northeast Fourth Avenue
Delray Beach, FL 33483
(561) 278-9400

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ARTICLE FOUR

INITIAL REGISTERED OFFICE AND AGENT

The name and address of the initial registered agent of the Company is as follows:

JEFFREY L. COHEN, ESQ.
Strawn, Monaghan & Cohen, P.A.
54 Northeast 4th Avenue
Delray Beach, Florida 33483

ARTICLE FIVE

MANAGEMENT

The Company shall be managed by a manager or managers to be elected in accordance with the Company's regulations. The name and address of the initial manager, who shall serve until the first annual meeting of the members or until his successor is elected and qualified is:

GARY THURSTON
2405 SE 17th Street
Suite 301
Ocala, FL 33471

ARTICLE SIX

ADDITIONAL MEMBERS

The right of the members to admit additional members and the terms and conditions of the admission of new members shall be governed by the Company's regulations.

ARTICLE SEVEN

MEMBERS RIGHTS TO CONTINUE BUSINESS

The remaining members of the Company shall in accordance with the terms and conditions contained in the Company's regulations have the right to continue the business of the Company upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member, or the occurrence of any other event which terminates the continued membership of a member of the Company.

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ARTICLE EIGHT

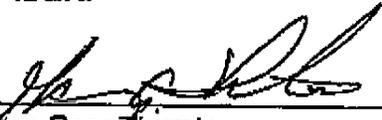
INDEMNIFICATION

To the fullest extent permitted by law, the Company shall indemnify any person who was or is a party to any proceeding by reason of the fact that he/she is or was a manager, managing member or officer of the Company or is or was serving at the request of the Company as a manager, managing member, director or officer of another limited liability company, corporation, partnership, joint venture, trust or other enterprise against liability incurred in a manner he/she reasonably believed to be in, or not opposed to, the best interests of the Company and, with respect to any criminal action or proceeding, had no reasonable cause to believe his/her conduct was unlawful. The Company shall reimburse each person for all costs and expenses, including, without limitation, attorneys' fees, reasonably incurred by him/her in connection with any such liability in the manner provided for by law or in accordance with the regulations of the Company.

The rights accruing to any person under the foregoing provision shall not exclude any other right to which he/she may be lawfully entitled, nor shall anything therein contain or restrict the right of the Company to indemnify or reimburse such person in any proper case even though not specifically provided for herein.

IN WITNESS WHEREOF, these Articles of Organization have been executed by the undersigned as of September 3, 1998.

MEMBER:

By: 
Name: Gary Thurston
Member

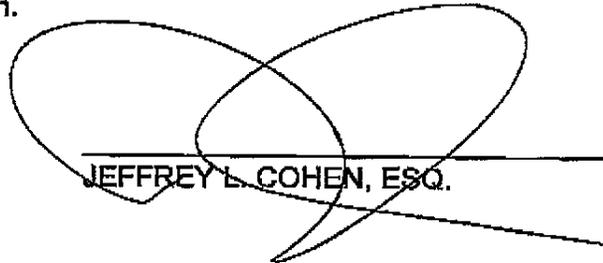
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ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been designated as registered agent for ADVANCED MEDICAL NETWORK, L.L.C., in the foregoing Articles of Organization, I hereby agree to accept service of process for said limited liability company and to comply with all statutes relative to the complete and proper performance of the duties of a registered agent. I am familiar with and accept the obligations of that position.



JEFFREY L. COHEN, ESQ.

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned, being the members of **ADVANCED MEDICAL NETWORK, L.L.C.**, a Florida limited liability company (the "Company"), hereby depose and say:

The company has at least one member.

1. The total amount of cash contributed to the Company by the members of the Company is \$10,000.00.

2. The agreed value of property other than cash contributed to the Company by the members of the Company, if any, is: -0-

3. The total amount of cash and property anticipated to be contributed to the Company by the members of the Company, inclusive of the amounts set forth in 2. and 3. above, is: \$10,000.00.

MEMBERS:

By: 
Name: Gary Thurston
Its: Member

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STATE OF FLORIDA)
) SS:
COUNTY OF MARION)

The foregoing instrument was acknowledged before me this 3rd day of September, 1998, by Gary Thurston, a Member of ADVANCED MEDICAL NETWORK, L.L.C., who is personally known to me or who has produced _____ as identification.

NOTARY PUBLIC:

Sign: Donna R. Tackett

Print: Donna R TACKETT

State of FLORIDA

My commission expires: 8/14/2000

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