

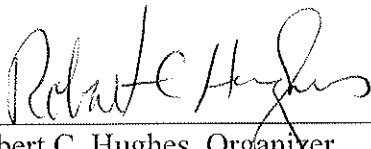
**ARTICLES OF ORGANIZATION**  
**OF**

**Primary Care Complete Care, LLC**

The undersigned, serving as organizer, hereby forms a Kentucky limited liability company (the "company") pursuant to the Kentucky Limited Liability Company Act (the "Act"), KRS Chapter 275, as follows:


1. **Name**: The name of the limited liability company is Primary Care Complete Care, LLC.
2. **Initial Registered Office and Agent**: The street address of the limited liability company's initial registered office is 1000 South 12th Street, Murray, KY 42071. The name of its initial registered agent at that office is Robert C. Hughes.
3. **Initial Principal Office**: The mailing address of the initial principal office of the limited liability company is 1000 South 12th Street, Murray, KY 42071.
4. **Statement of Management**: The limited liability company is to be managed by one or more managers, to be exercised in accordance with the operating agreement of the limited liability company.
5. **Dissolution**: The company does not have a specific date of dissolution. The company shall dissolve as provided in the Act and the limited liability company's operating agreement.
6. **Statement of Limited Liability**: Except as otherwise provided by Kentucky law, no member, manager, agent or employee of the limited liability company shall be personally liable for the debts, obligations, or liabilities of the limited liability company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, agent or employee of the limited liability company.

IN WITNESS WHEREOF, the undersigned has duly executed these Articles of Organization this 4 day of January, 2012.

  
\_\_\_\_\_  
Robert C. Hughes, Organizer

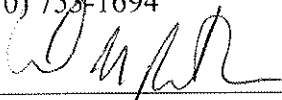
STATE OF KENTUCKY  
COUNTY OF CALLOWAY

The foregoing Articles of Organization of Primary Care Complete Care, LLC were acknowledged, subscribed and sworn to before me this 4 day of January, 2012, by Robert C. Hughes, Organizer on behalf of the company.

  
\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: 1/23/12

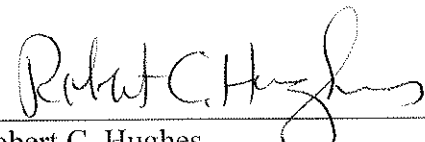
S E A L

THIS INSTRUMENT PREPARED BY:  
HAVERSTOCK, BELL & PITMAN  
P. O. Box 1075  
Murray, KY 42071  
(270) 753-1694

  
\_\_\_\_\_  
MICHAEL M. PITMAN


CONSENT OF REGISTERED AGENT

Pursuant to KRS Chapter 275, the undersigned, as the initial registered agent identified in paragraph 2 of the Articles of Organization of Primary Care Complete Care, LLC (the "Company"), hereby consents to serve the Company in that capacity until such time as such appointment is terminated or until the undersigned resigns in accordance with the Kentucky Limited Liability Company Act.

  
\_\_\_\_\_  
Robert C. Hughes

STATE OF KENTUCKY  
COUNTY OF CALLOWAY

The foregoing Consent of Registered Agent was acknowledged, subscribed and sworn to before me this 4 day of January, 2012 by Robert C. Hughes.

  
\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: 1/23/12

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