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To: Division of Corporations  
Fax Number : (850)205-0383

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Coral Gables Physician Services, L.L.C.

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Coral Gables Physician Services, L.L.C.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

13737 Noel Road, Suite 100  
Dallas, Texas 75240

**Mailing Address:**

13737 Noel Road, Suite 100  
Dallas, Texas 75240

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(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.)

The name and the Florida street address of the registered agent are:

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation, Florida 33324

City, State, and Zip

*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 608, F.S.*

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Carrie Buzan

Registered Agent's Signature (REQUIRED)

**CONNIE BUZAN**  
**SPECIAL ASSISTANT SECRETARY**

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**ARTICLE IV- Manager(s) or Managing Member(s):**

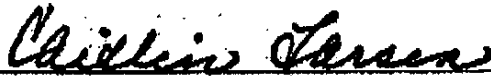
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>Managing Member</u>	<u>CGH Hospital, Ltd.</u>
	<u>13737 Noel Road, Suite 100</u>
	<u>Dallas, Texas 75240</u>

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Upon filing \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
 \_\_\_\_\_  
 Signature of a member or an authorized representative of a member.  
 (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  
 \_\_\_\_\_  
 Caitlin Larsen, Sole Director of Coral Gables Hospital, Inc., GP of LP  
 Typed or printed name of signee

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**Filing Fees:**  
 \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  
 \$ 30.00 Certified Copy (Optional)  
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