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Florida Department of State
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S. Johnson

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : SHERIDAN HEALTHCORP, INC.
Account Number : I20000000045
Phone : (954) 838-2785
Fax Number : (954) 851-1780

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 11/11/04 BY 60322 UCBA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Radiology Physician Solutions of North Florida, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

16 AUG 30 AM 10:15

FILED

**ARTICLES OF ORGANIZATION
OF
RADIOLOGY PHYSICIAN SOLUTIONS OF NORTH FLORIDA, LLC**

ARTICLE I - NAME

The name of this limited liability company is Radiology Physician Solutions of North Florida, LLC (the "Company").

ARTICLE II - DURATION

The existence of the Company shall be perpetual, unless and until terminated pursuant to Florida law.

ARTICLE III - PURPOSE

The Company is organized for the purpose of transacting any or all business permitted under the Florida Limited Liability Company Act of the State of Florida.

ARTICLE IV - PRINCIPAL OFFICE ADDRESS

The mailing and street address of the principal office of this Company, unless and until relocated, is 1776 North Pine Island Road, Suite 104, Plantation, Florida 33324.

**ARTICLE V - REGISTERED AGENT
AND REGISTERED OFFICE**

The mailing and street address of the initial registered office of this Company is 1613 North Harrison Parkway, Suite 200, Sunrise, Florida 33323; and the name of the initial registered agent at that address is Jillian Marcus.

ARTICLE VI - MEMBERSHIP

The Company will have a sole Member that will hold all of the units and interests of the Company.

ARTICLE VII - MANAGEMENT

The Company shall be a manager managed organization. The day-to-day business and affairs of the Company shall be managed under the direction of a Board of Directors authorized by the sole Member. The number of Directors may be either increased or decreased from time to time as provided in the Company's Operating Agreement, but shall never be less than one (1).

ARTICLE VIII - ORGANIZER

The name and address of the authorized representative signing these Articles of Organization on behalf of the Company is:

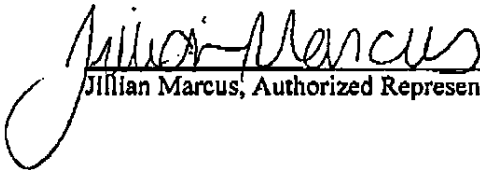
Jillian Marcus
1613 North Harrison Parkway, Suite 200
Sunrise, FL 33323

FILED
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SUNRISE, FLORIDA

08-30-16:03:36PM;
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IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization of the Company this 28th day of August, 2016.


Jillian Marcus, Authorized Representative

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**CERTIFICATE DESIGNATING THE ADDRESS
AND AN AGENT UPON WHOM PROCESS MAY BE SERVED**

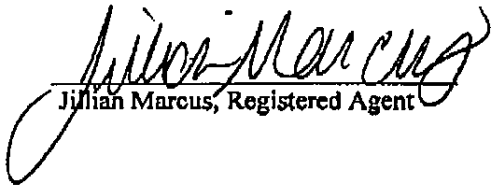
That Radiology Physician Solutions of North Florida, LLC (the "Company"), desiring to organize under the laws of the State of Florida, has named Jillian Marcus as its agent to accept service of process within this State at its Registered Office as follows:

1613 North Harrison Parkway
Suite 200
Sunrise, FL 33323

ACKNOWLEDGMENT:

Having been named to accept service of process for the Company, at the place designated in this Certificate, I hereby agree to act in this capacity, and further, I agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 605, Florida Statutes.

Dated this 28th day of August, 2016.


Jillian Marcus, Registered Agent

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