L13000106213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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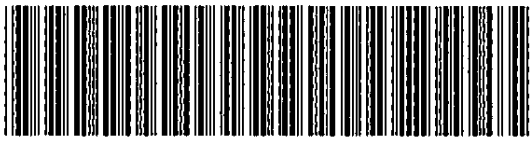

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N. Cuffigan JUL 29 2013

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: RICKY SOTO

DATE: 07/26/2013

REF. #: 8844658

CORP. NAME: HEALTHSUN PHYSICIANS NETWORK I, LLC

( ) ARTICLES OF INCORPORATION	( ) ARTICLES OF AMENDMENT	( ) ARTICLES OF DISSOLUTION
( ) ANNUAL REPORT	( ) TRADEMARK/SERVICE MARK	( ) FICTITIOUS NAME
( ) FOREIGN QUALIFICATION	( ) LIMITED PARTNERSHIP	(XX) LIMITED LIABILITY
( ) REINSTATEMENT	( ) MERGER	( ) WITHDRAWAL
( ) CERTIFICATE OF CANCELLATION		
( ) OTHER:		

STATE FEES PREPAID WITH CHECK# 70005230 FOR $ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: $**_____

PLEASE RETURN:

( ) CERTIFIED COPY	( ) CERTIFICATE OF GOOD STANDING	(XX) PLAIN STAMPED COPY
( ) CERTIFICATE OF STATUS		

Examiner's Initials

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
HEALTHSUN PHYSICIANS NETWORK I, LLC

The undersigned, being authorized to execute and file these Articles of Organization of **HealthSun Physicians Network I, LLC** (the "Limited Liability Company"), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

HealthSun Physicians Network I, LLC

ARTICLE II — Address:

The mailing address and the street address of the principal office of the Limited Liability Company is 3250 Mary Street, Coconut Grove, Florida 33133.

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV — Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

NRAI SERVICES, INC.
1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE V — Management:

The Limited Liability Company will be a manager-managed company.

Frederic L. Levenson, *Authorized Signatory*

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

HealthSun Physicians Network I, LLC

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.

NRAI SERVICES, INC.

By: Katie Wonsch

Print Name: Katie Wonsch

Print Title: Assistant Secretary

Dated July 26, 2013

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TALLAHASSEE, FLORIDA