

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

L010000006543

East Coast Hospital Inpatient Specialists LLC

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****125.00 ****125.00

- ___ Art of Inc. File
- ___ LTD Partnership File
- ___ Foreign Corp. File
- ✓ ___ L.C. File
- ___ Fictitious Name File
- ___ Trade/Service Mark
- ___ Merger File
- ___ Art. of Amend. File
- ___ RA Resignation
- ___ Dissolution / Withdrawal
- ___ Annual Report / Reinstatement
- ___ Cert. Copy
- ✓ ___ Photo Copy
- ___ Certificate of Good Standing
- ___ Certificate of Status
- ___ Certificate of Fictitious Name
- ___ Corp Record Search
- ___ Officer Search
- ___ Fictitious Search
- ___ Fictitious Owner Search
- ___ Vehicle Search
- ___ Driving Record
- ___ UCC 1 or 3 File
- ___ UCC 11 Search
- ___ UCC 11 Retrieval
- ___ Courier

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Signature

Requested by:

Name SK Date 4/27/01 Time 9:30

Walk-In Will Pick Up

ARTICLES OF ORGANIZATION

OF

EAST COAST HOSPITAL INPATIENT SPECIALISTS, L.C.
(A Florida Limited Liability Company)

The undersigned adopts the following Articles of Organization for the purpose of becoming a Limited Liability Company under the Florida Limited Liability Company Act.

1. Name. The name of the limited liability company referred to in these Articles as "Company," is:

EAST COAST HOSPITAL INPATIENT SERVICES, L.C.

2. Term. The duration of this Company shall be perpetual, unless earlier dissolved as provided in the Regulations.

3. Purpose. The business purposes of the Company are to engage in any other lawful act or activity which may be carried on by a limited liability company under the Laws of the State of Florida, or under the laws of any other State or jurisdiction in which the Company may conduct its business.

4. Addresses. The mailing address and the street address of principal office of the Company shall be:

265 Clyde Morris Blvd.
Suite 150
Ormond Beach. FL 32174

5. Registered Agent. The name of the company's initial registered agent in the State of Florida is Marshall H. Barkin and the address of the Company's registered office in Florida is 149 South Ridgewood Avenue, Suite 710, Daytona Beach, FL 32114.

APPROVED
AND
FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

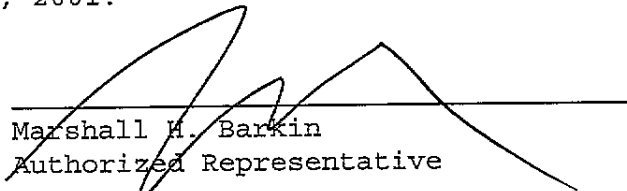
6. Management. The Company is to be managed by Member Managers in accordance with the Regulations adopted by its Members for the management of the business and affairs of the Company. The names and addresses of the initial Member Managers are:

Arjun Aneja, MD
265 Clyde Morris Blvd., Suite 150
Ormond Beach, FL 32174

Hasib Ibne-Rasa, MD
265 Clyde Morris Blvd., Suite 150
Ormond Beach, FL 32174

Solomon Tafari, MD
265 Clyde Morris Blvd., Suite 150
Ormond Beach, FL 32174

IN WITNESS WHEREOF, for the purpose of filing this Limited Liability Company in accordance with the Florida Limited Liability Company Act, the undersigned has executed these Articles of Organization on this 25th day of April, 2001.



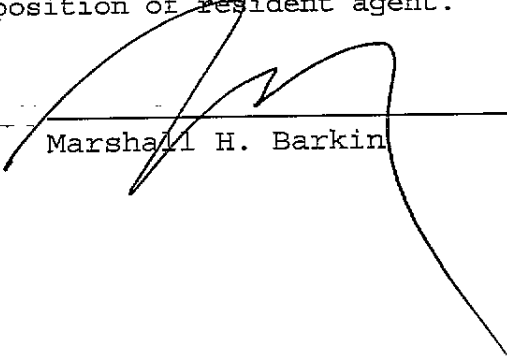
Marshall H. Barkin
Authorized Representative

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF REGISTERED AGENT
AND REGISTERED OFFICE

In accordance with Section 608.415 of the Florida Limited Liability Company Act, the undersigned, who is named as the registered agent of EAST COAST INPATIENT HOSPITAL SPECIALISTS, L.C., hereby consents to accept service of process for the Company at 149 South Ridgewood Ave., Suite 710, Daytona Beach, FL 32114, and accepts the appointment as registered agent and agrees to act in that capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with and accepts the obligations of the position of resident agent.

Date: April 25, 2001



Marshall H. Barkin

AND
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