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From: Account Name : DUANE MORRIS & HECKSCHER, LLP  
Account Number : I19990000059  
Phone : (305)960-2220  
Fax Number : (305)960-2201

**LIMITED LIABILITY COMPANY**

**HPO HOSPITAL PHYSICIANS ORGANIZATION, LLC**

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Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
HPO HOSPITAL PHYSICIANS ORGANIZATION, LLC**

These Articles of Organization are made for the purpose of organizing a Florida limited liability company under the Florida Limited Liability Company Act, Chapter 608 of the Florida Statutes (the "Act").

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**ARTICLE I: NAME**

The name of this limited liability company is **HPO HOSPITAL PHYSICIANS ORGANIZATION, LLC** (the "Company").

**ARTICLE II: DURATION**

The Company shall have perpetual existence unless terminated as specified in Section 608.441 of the Act.

**ARTICLE III: ADDRESS OF COMPANY**

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

1000 36<sup>th</sup> Street  
Vero Beach, Florida 32960

**ARTICLE IV: REGISTERED AGENT**

The name and address of the registered agent of the Company is:

Carrol Frischkorn  
1000 36<sup>th</sup> Street  
Vero Beach, Florida 32960

**ARTICLE V: MANAGEMENT OF THE COMPANY**


The Company is to be a manager-managed company. The name and address of the initial manager is:

Carrol Frischkorn  
1000 36<sup>th</sup> Street  
Vero Beach, Florida 32960

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The undersigned has executed these Articles of Organization effective as of June 15, 2001.

  
\_\_\_\_\_  
Carol Frischkorn

*In accordance with section 608.408 (2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.*

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**ACCEPTANCE BY REGISTERED AGENT**

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.

  
\_\_\_\_\_  
Carol Frischkorn

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