

L0100000/4562

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : GREENSPOON MARDER HIRSCHFELD RAKIN ROSS & BERGER, P  
Account Number : 076064003722  
Phone : (954) 491-1120  
Fax Number : (954) 771-9264

LIMITED LIABILITY COMPANY

PHYSICIAN RESOURCES, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$125.00 |

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Audit No.: H010000887371

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

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**ARTICLE I - Name:**

The name of the Limited Liability Company is Physician Resources, L.L.C.

**ARTICLE II - Duration:**

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall continue for a period of thirty (30) years thereafter.

**ARTICLE III - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is 1175 South U.S. Hwy. 1, Vero Beach, FL 32962.

**ARTICLE IV - Registered Agent:**

The name and address of the initial registered agent for this Limited Liability Company is Gregory J. Blodig, Esquire at Greenspoon, Marder, Hirschfeld, Rafkin, Ross and Berger, P.A., 100 West Cypress Creek Road, Suite 700, Fort Lauderdale, Florida 33309.

**ARTICLE V - Management:**

The Limited Liability Company is to be managed by a manager and the name and address of the initial manager who is to serve as manager is:


Walter H. Janke  
1175 South U.S. Hwy. 1  
Vero Beach, FL 32962

AUG.27.2001 11:17AM

NO.862 P.3/4

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Whereof, the undersigned member has executed these Articles the 24 day of August, 2001.

  
\_\_\_\_\_  
Gregory J. Blodig, as authorized  
Representative of Member

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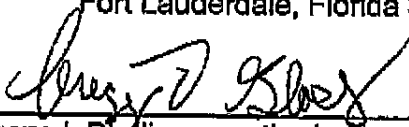
Audit No.: H010000887371

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

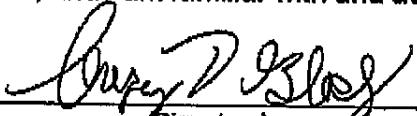
1. The name of the Limited Liability Company is:  
  
Physician Resources, L.L.C.
2. The name and address of the registered agent and office is:

Gregory J. Blodig, Esquire  
Greenspoon, Marder, Hirschfeld,  
Rafkin, Ross and Berger, P.A.  
100 West Cypress Creek Road, Suite 700  
Fort Lauderdale, Florida 33309

By:   
Gregory J. Blodig, as authorized  
Representative of Member

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*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.*

  
(Signature)

8-24-01  
(Date)