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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 205-0383

From: Nery C. Toledo, Legal Assistant

Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.

Account Number : 075471001363

Phone : (305) 374-5600

Fax Number : (305) 374-5095

DEAR FILING OFFICER: PLEASE FILE THE ATTACHED DOCUMENT WITH AN EFFECTIVE FILING DATE OF TODAY, DEC. 18, 2001. THANK YOU. NERY C. TOLEDO, LEGAL ASSISTANT

LIMITED LIABILITY COMPANY**CarePlus Medical Centers, LLC**

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION
OF
CarePlus Medical Centers, LLC**

ARTICLE I - Name:

The name of the limited liability company is CarePlus Medical Centers, LLC (the "Company").

ARTICLE II - Address:

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

2801 Ponce de Leon Boulevard
Suite 1060
Coral Gables, Florida 33134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

American Information Services Inc.
SunTrust International Center
One Southeast Third Avenue, 28th Floor
Miami, Florida 33131

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.

American Information Services, Inc.

By *Nery E. Toledo*
Nery E. Toledo, Assistant Secretary
Registered Agent's Signature

Article IV - Management (Check box if applicable)

- ☒ The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company.

Dated as of December 18th, 2001.

Martin G. Burkett
Martin G. Burkett, Esq.
Authorized representative of a member

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