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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:

Account Name : BROAD AND CASSEL - MIAMI

Account Number : I19990000191

Phone : (305)373-9400

Fax Number : (305)373-9443

Amar Salgado

LIMITED LIABILITY COMPANY

MIAMI EMERGENCY MEDICINE SPECIALISTS, L.C.

Certificate of Status	0
Certified Copy	0
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**ARTICLES OF ORGANIZATION
OF
MIAMI EMERGENCY MEDICINE SPECIALISTS, L.C.**

**ARTICLE I
Name**

The name of the Limited Liability Company is Miami Emergency Medicine Specialists, L.C.
(the "Company").

**ARTICLE II
Address**

The mailing address and street address of the principal office of the Company is 3900
Hollywood Boulevard, Suite 101, Hollywood, Florida 33021.

**ARTICLE III
Duration**

The period of duration for the Company shall be perpetual.

**ARTICLE IV
Management**

The Company is to be managed by the members and the name and address of the initial
managing member is:

Arthur Diskin, M.D.
3900 Hollywood Boulevard
Suite 101
Hollywood, Florida 33021

**ARTICLE V
Admission of Additional Members**

Members shall have the right to admit additional members as provided by the Florida Limited
Liability Company Act by a vote of a majority-in-interest of the members.

**ARTICLE VI
Members' Rights to Continue Business**

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or
withdrawal of any member, or the occurrence of any other event that terminates the continued
membership of any member shall not cause the Company to be dissolved or its affairs to be wound-
up, and upon the occurrence of any such event, the Company shall be continued without dissolution
and without any affirmative action or requirement on the part of the members.

**AUTHORIZED REPRESENTATIVE ON
BEHALF OF MEMBER:**


Mike Segal, Authorized Representative

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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 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.*

Isabelle St-Cyr, Registered Agent