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GACHASSIN

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L A W • F I R M (A LIMITED LIABILITY COMPANY)

MAILING ADDRESS: P. O. BOX 2850 LAFAYETTE, LA 70502

1026 ST. JOHN STREET LAFAYETTE, LA 70501

TELEPHONE: (337) 235-4576 TELECOPIER: (337) 235-5003

May 20, 2002

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E-MAIL: healthlaw@gachassin.com WEBSITE: www.gachassin.com

Florida Department of State Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re:

Santa Rosa Emergency Group, L.L.C.

Dear Sir:

-05/23/02--01061--024 -05/23/02--01061--024 ****185.00 ****185.00

ROSA Romero GAVE

AUTHORIZATION BY PHONE TO

CORRECT Article TIL

DATE 5/30/02,

Enclosed please find the original and one (1) copy of the Articles of Organization of Santa Rosa Emergency Group, L.L.C. which we ask be filed with the Division of Corporations. Please return two (2) certified copies of these documents to the undersigned.

Also enclosed is our firm check in the amount of \$185.00 representing filing and certification fees incurred herein.

With kind regards, I am

Very truly yours,

GACHASSIN LAW FIRM

(A Limited Liability Company)

OF STORY

OF STO

Rosa M. Romero

Paralegal to Nicholas Gachassin, III

ARTICLES OF ORGANIZATION

OF SANTA ROSA EMERGENCY GROUP, L.L.C.

Pursuant to the Florida Limited Liability Companies Act, the undersigned hereby adopts the following Articles of Organization.

T.

NAME

The name of the Limited Liability Company is Santa Rosa Emergency Group, L.L.C.

II.

PURPOSE

The Limited Liability Company is organized in order to conduct any lawful activity as provided by the Florida Limited Liability Company Act.

III.

REGISTERED OFFICE AND REGISTERED AGENT

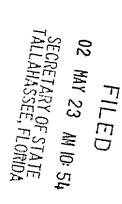
The street address and city of the Limited Liability Company's initial registered office is 1200 South Pine Island Road, Plantation, Florida 33324 and the name of the registered agent at that office is CT Corporation System. The street address of the Limited Liability Company's principal place of business is 110 Rue Jean Lafitte, Lafayette, Louisiana 70508. The mailing address is the same as the street address.

IV.

INITIAL MEMBER

The name and address of the initial member is:

The Schumacher Group of Florida, Inc. 110 Rue Jean Lafitte Lafayette, Louisiana 70508



Additional members may be admitted only upon the written unanimous consent of all members.

V.

AUTHORITY OF MEMBERS

Any limitations on the authority of members to bind the Limited Liability Company are contained in a written operating agreement.

VI.

MANAGERS AND THEIR POWERS

A statement providing for the number and type of managers for the Limited Liability Company is contained in the written operating agreement. The Limited Liability Company shall be managed by the Members or managers to the extent provided in the written operating agreement. Managers who are not members will be determined and approved by a unanimous vote of all Members.

A statement regarding the restrictions on the authority of managers is contained in the written operating agreement.

VII.

CERTIFICATION OF MEMBERSHIP, AUTHENTICITY OF RECORDS, OR AUTHORITY OF ANY PERSON TO ACT ON BEHALF OF THE LIMITED LIABILITY COMPANY.

Unless and until an amendment to these Articles is filed, any person may rely upon a certificate executed by any Member on behalf of the Limited Liability Company to establish the membership of any member, the authenticity of any records of the Limited Liability Company or the authority of any person to act on behalf of the Limited Liability Company.

VIII.

AMENDMENTS AND ADDENDUMS

Amendments and addendums to these articles of organization shall be made by unanimous vote of the Members of the Limited Liability Company.

IN WITNESS THEREOF, the undersigned organizer executed these Articles of Organization on this the 9th day of May, 2002.

Nicholas Gachassin, III

Organizer

O2 MAY 23 AN ID: 54
SECRETARY OF STATE

AFFIDAVIT OF ACCEPTANCE OF APPOINTMENT BY DESIGNATED REGISTERED AGENT

Having been named as registered agent this $\underline{\mathbb{D}}$ day of May, 2002 and to accept service of process for **Santa Rosa Emergency Group**, **LLC** 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.

CT CORPORATION SYSTEM

"Registered Agent"

Print Name:

Γitle:

ASSISTANT SECRETARY

Subscribed and sworn to before me, on the day, month and year first above set forth.

Notary Public

PAULA K. VOSS
NOTARY PUBLIC, STATE OF TEXAS MY COMMISSION EXPIRES
MARCH 20, 2006

O2 MAY 23 AN IO: 54 SECRETARY OF STATE TALLAHASSEE, FLORIDA