

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

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From:

GAIL S. ANDRE  
Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED P.  
Account Number : 072720000036  
Phone : (407) 843-4600  
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PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN A CERTIFICATIN TO ME AS SOON AS POSSIBLE. THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.

## LIMITED LIABILITY COMPANY

CFPICS HOSPITALISTS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION  
OF  
CEPICS HOSPITALISTS, LLC

ARTICLE I - NAME


The name of this limited liability company is CEPICS HOSPITALISTS, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 844 N. Thornton Avenue, Orlando, Florida 32802.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 215 North Eola Drive, Orlando, Florida 32801 and the name of the initial registered agent of the Company at that address is James F. Heekin, Jr.


  
Signature of a Member or an Authorized  
Representative of a Member

James F. Heekin, Jr.  
Typed or Printed Name of Signer

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CLERK OF DISTRICT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE STATE OF FLORIDA

ACCEPTANCE OF 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, Florida Statutes.

  
James F. Heekin, Jr.

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