

LO3 000028863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

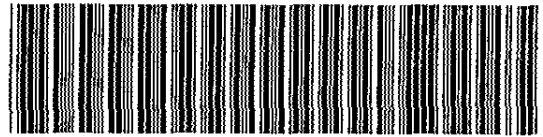
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

LO3-28863
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NATIONAL PHYSICIANS STAFFING, LLC
6161 Blue Lagoon Drive, Suite 100
Miami, Florida 33126
Telephone: 305-420-4100
Fax: 305-420-4199

July 29, 2003

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporation
409 E. Gaines Street
Tallahassee, Florida 32399

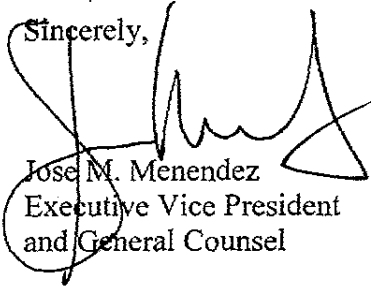
Re: National Physicians Staffing, LLC
Articles of Organization

Dear Sir/Madam:

Enclosed are the Articles of Organization for National Physicians Staffing, LLC along with check number 1446 in the amount of \$125.00 representing payment of the Filing Fee and Registered Agent Designation Fee. Enclosed is a self addressed stamped envelope for your convenience to return a copy of the filed Articles to the undersigned.

Should you have any questions, please feel free to contact me at 305-420-4121.

Sincerely,


Jose M. Menendez
Executive Vice President
and General Counsel

JMM/nd
Enclosures

FILED
JUL 31 11 09 AM '03
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporation

SUBJECT: National Physicians Staffing, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose M. Menendez
Executive Vice President & General Counsel
National Healthcare Staffing, LLC
6161 Blue Lagoon Drive, Suite 100
Miami, Florida 33126

For further information concerning this matter, please call: Jose M. Menendez at 305-420-4100

STREET ADDRESS:
Registration Section
Division of Corporation
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporation
P. O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
NATIONAL PHYSICIANS STAFFING, LLC**

**ARTICLE I
NAME**

The name of this Limited Liability Company is:

National Physicians Staffing, LLC

**ARTICLE II
ADDRESS**

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

6161 Blue Lagoon Drive
Suite 100
Miami, Florida 33126

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Jose M. Menendez
6161 Blue Lagoon Drive
Suite 100
Miami, Florida 33126

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



Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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**ARTICLE IV
MANAGER(S) OR MANAGING MEMBER(S)**

The name and address of each Manager or Managing Member is as follows:

Title:

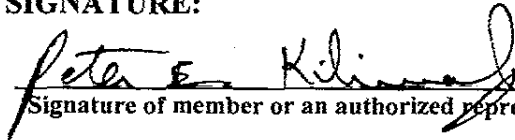
MGRM

Name and Address:

National Healthcare Staffing, LLC
6161 Blue Lagoon Drive, Suite 100
Miami, Florida 33126

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of member or an authorized representative of member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Peter E. Kilissanly, President
Typed or printed name of signee

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FLORIDA