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Vivian Rivero
18306

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : BILZIN, SUMBERG BAENA PRICE & AXELROD LLP.
Account Number : 075350000132
Phone : (305)374-7580
Fax Number : (305)350-2446

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LIMITED LIABILITY COMPANY

NB ER Physicians, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
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12/3/03

ARTICLES OF ORGANIZATION
OF
NB ER PHYSICIANS, LLC,
a Florida limited liability company

1. The name of the limited liability company is NB ER PHYSICIANS, LLC.

2. The mailing address and the street address of the principal office of the limited liability company is:

300 S. Park Road
Hollywood, Florida 33021.

3. The name and street address of the initial registered agent of the limited liability company are:

CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324.

Dated: as of December 3, 2003.

By: _____
Jay Sakalo, as Authorized Representative

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CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE
OF

NB ER PHYSICIANS, LLC

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in its Certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with all provisions of all status 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.

C T Corporation System

By J. Bordonaro

James A. Bordonaro
Assistant Secretary

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