

Division of Corporations

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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: 18306
 Account Name : BILZIN, SUMBERG BAENA PRICE & AXELROD LLP.
 Account Number : 075350000132
 Phone : (305) 374-7580
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LIMITED LIABILITY COMPANY

Promeda Ob/Gyn, LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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12/17/03

JB
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**ARTICLES OF ORGANIZATION
OF
PROMEDA OB/GYN, LLC,
a Florida limited liability company**


1. The name of the limited liability company is Promeda Ob/Gyn, 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:

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

Dated: as of December 17, 2003.

By: 
Jay Sakala, as Authorized
Representative

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Promeda Ob/Gyn, LLC

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

C T Corporation System

(Name)

c/o C T Corporation System, 1200 South Pine Island Road

Florida street address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

City/State/Zip

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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 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..

C T Corporation System

PETER F. SOUZA
REGISTERED SECRETARY

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)