

# 604000019299

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To:

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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**

**Phoenix Physicians of the Northeast, LLC**

Certificate of Status	1
Certified Copy	1
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**ARTICLES OF ORGANIZATION  
OF  
PHOENIX PHYSICIANS OF THE NORTHEAST, LLC,  
a Florida limited liability company**

1. The name of the limited liability company is Phoenix Physicians of the Northeast, 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 March 8, 2004.

By: /s/ Jay Sakalo  
Jay Sakalo, as Authorized  
Representative

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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:

Phoenix Physicians of the Northeast, LLC

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

CT Corporation System

(Name)

c/o CT Corporation System, 1200 South Pine Island Road

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

Plantation

FL 33324

City/State/Zip

*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.*

CT Corporation System

**PETER F. SOUZA**  
**AGENT/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)

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