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To:

Division of Corporations
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From:

18306
Account Name : BILZIN, SUMBERG BAENA PRICE & AXELROD LLP.
Account Number : 075350000132
Phone : (305) 374-7580
Fax Number : (305) 350-2446

LIMITED LIABILITY COMPANY

Phoenix Physicians, LLC

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

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**ARTICLES OF ORGANIZATION
OF
PHOENIX PHYSICIANS, LLC,
a Florida limited liability company**

1. The name of the limited liability company is Phoenix 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:

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, 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

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)

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