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CT CORPORATION

Division of Corporations

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Florida Department of State
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LIMITED LIABILITY COMPANY

Cypress Physician Group, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cypress Physician Group, LLC**ARTICLE II - Address:**

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

Principal Office Address:One Park PlazaNashville, TN 37203**Mailing Address:**One Park PlazaNashville, TN 37203

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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

CT Corporation System

Name

1200 South Pine Island RoadFlorida street address (P.O. Box NOT acceptable)PlantationFLORIDA 33324

City, State, and 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, Florida Statutes..

CT Corporation System

By: Corinna A. Brown

Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGR

John M. Franck II
 One Park Plaza
 Nashville, TN 37203

MGR

R. Milton Johnson
 One Park Plaza
 Nashville, TN 37203

MGR

A. Bruce Moore, Jr.
 One Park Plaza
 Nashville, TN 37203

(Use attachment if necessary)

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


 Signature of a member or an authorized representative of a 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.)

Dora A. Blackwood, Authorized Representative
 Typed or printed name of signee

Filing Fees:**\$100.00 Filing Fee for Articles of Organization****\$ 25.00 Designation of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**