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LIMITED LIABILITY COMPANY

South Florida Infectious Disease and Tropical Medicine

Certificate of Status	1
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**ARTICLES OF ORGANIZATION  
OF  
SOUTH FLORIDA INFECTIONOUS DISEASE AND TROPICAL MEDICINE CENTER, LLC  
a Florida Limited Liability Company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.** The name of the Limited Liability Company is SOUTH FLORIDA INFECTIONOUS DISEASE AND TROPICAL MEDICINE CENTER, LLC (the "Company").
2. **MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE.** The mailing and street address of the principal office of the Company is: c/o Juan C. Perez-Morales, M.D., 8720 N. Kendall Drive, Suite 112, Miami, Florida 33176.
3. **REGISTERED AGENT.** The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: NRAI Services, Inc., 526 East Park Avenue, Tallahassee, Florida, 32301.

The undersigned has executed these Articles of Organization on the 5<sup>th</sup> day of January, 2005.

By: Stephen H. Siegel  
Stephen H. Siegel, Authorized Person

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**CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: SOUTH FLORIDA INFECTIOUS DISEASE AND TROPICAL MEDICINE CENTER, LLC.

2. The name and address of the registered agent and office is:

NRAI Services, Inc.  
526 E. Park Ave.  
Tallahassee, Florida 32301

*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 its 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.*

Michael Donovan  
NRAI Services, Inc., Registered Agent

Date: 1-5-05

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