

Feb-04-2005, 02:02pm

From: RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL

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Florida Department of State
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Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL
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LIMITED LIABILITY COMPANY

HBS Emergency Medicine, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
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ARTICLES OF ORGANIZATION
OF
HBS EMERGENCY MEDICINE, 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 HBS EMERGENCY MEDICINE, LLC (the "Company").

2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address of the principal office of the Company is: 5555 Anglers Avenue, Suite 20, Fort Lauderdale, Florida 33312.

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: RAI Services, Inc., 526 East Park Avenue, Tallahassee, Florida, 32301.

The undersigned has executed these Articles of Organization on the 2nd day of February, 2005.

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

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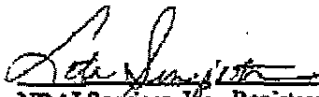
**CERTIFICATION OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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: HBS EMERGENCY MEDICINE, 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.


NRAI Services, Inc., Registered Agent

Date: 2/3/05

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