

L05000022980

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

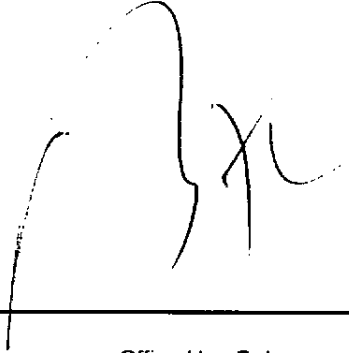
PICK-UP WAIT MAIL

(Business Entity Name)

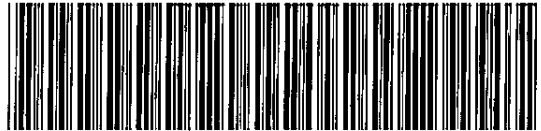
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MAR 10 11 23 AM '05
TALLAHASSEE, FLORIDA

FILED
MAR -7 AM 9:43
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
05 MAR -7 AM 9:43
SUNSHINE STATE
TALLAHASSEE, FLORIDA

CONTACT: KATIE WONSCH

DATE: 3/7/05

REF. #: 0153.35584

CORP. NAME: CITRUS REGIONAL PHYSICIAN INVESTORS, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 511725 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
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| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
CITRUS REGIONAL PHYSICIAN INVESTORS, LLC**

The undersigned, acting as the organizing member of a limited liability company under the Florida Limited Liability Company Act, adopts the following Articles of Organization for such limited liability company (the "Company"):

FILED
05 MAR - 7 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE I
Name**

The name of the Company is **CITRUS REGIONAL PHYSICIAN INVESTORS, LLC**

**ARTICLE II
Principal Office and Mailing Address**

The principal office and mailing address of the Company is 201 N. Franklin Street, Suite 2200, Tampa, Florida 33602.

**ARTICLE III
Initial Registered Agent and Office**

The street address of the initial registered office of the Company is: 201 N. Franklin Street, Suite 2200, Tampa, Florida 33602, and the name of its initial registered agent at that address is: Michael J. Nolan.

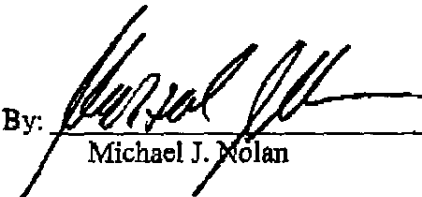
**ARTICLE IV
Organizing Member**

The name and address of the member of the Company executing these Articles of Organization are: Michael J. Nolan, 201 N. Franklin Street, Suite 2200, Tampa, Florida 33602.

**ARTICLE V
Management**

The Company shall be a member-managed company.

Dated effective as of this 4th day of March, 2005.

By: 
Michael J. Nolan