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CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

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TALLAHASSEE, FLORIDA

CONTACT: TRICIA TADLOCK

DATE: 08-11-05

REF. #: 000177.41223

CORP. NAME: MOUNT SINAI MEDICAL CENTER PHYSICIAN PRACTICES, 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# 513756 FOR \$ 125.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <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
MOUNT SINAI MEDICAL CENTER PHYSICIAN PRACTICES,
LLC**

The undersigned, being authorized to execute and file these Articles of Organization of MOUNT SINAI MEDICAL CENTER PHYSICIAN PRACTICES, LLC (the "Limited Liability Company"), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

MOUNT SINAI MEDICAL CENTER PHYSICIAN PRACTICES, LLC

ARTICLE II — Address:

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

c/o Mount Sinai Medical Center
4300 Alton Road
Warner Building, Fifth Floor
Attention: Wayne Chutkan
Miami Beach, Florida 33140

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV — Registered Agent:

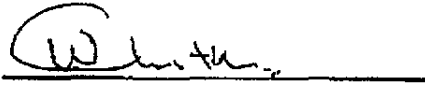
The name and address of the registered agent for service of process in the state shall be:

Wayne Chutkan
c/o Mount Sinai Medical Center
4300 Alton Road
Warner Building, Fifth Floor
Miami Beach, Florida 33140

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ARTICLE V — Management:


The Limited Liability Company will be a member-managed company.

A handwritten signature in black ink, appearing to read "W. Chutkan", is written over a solid horizontal line.

Wayne Chutkan
Authorized Signatory

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT
MOUNT SINAI MEDICAL CENTER PHYSICIAN PRACTICES, LLC**

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.



Wayne Chutkan

Dated: August 11, 2005