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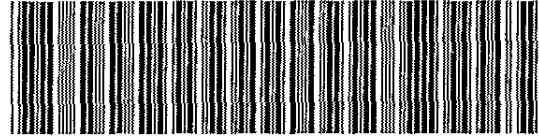
(Business Entity Name)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Coral Gables Executive Physicians, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicolás J. Gutiérrez, Jr., Esq.  
(Name of Person)

Borgognoni & Gutierrez, LLP  
(Firm/Company)

2665 South Bayshore Drive, Suite 701  
(Address)

Miami, FL 33133  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Nicolás J. Gutiérrez, Jr., Esq. at ( 305 ) 860-2060  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION OF  
CORAL GABLES EXECUTIVE PHYSICIANS, LLC**

The undersigned hereby subscribes these Articles of Organization, for the purpose of organizing a limited liability company under the laws of the State of Florida.

**I.  
NAME**

The name of the limited liability company is CORAL GABLES EXECUTIVE PHYSICIANS, LLC (the "Company").

**II.  
PURPOSE**

The purpose of the Company shall be to conduct all business that a limited liability company can conduct, under the laws of the State of Florida.

**III.  
PRINCIPAL OFFICE**


The mailing and street address of this Company's principal office shall be at 600 Biltmore Way #616 Coral Gables, FL 33134.

**IV.  
REGISTERED AGENT AND REGISTERED OFFICE**

The name and Florida street address of this Company's Registered Agent is

Nicolás J. Gutiérrez, Jr., Esq.  
Borgognoni & Gutiérrez, LLP  
2665 South Bayshore Drive  
Suite 701  
Miami, Florida 33133

Having been named as registered agent and to accept service of process for the 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 obligation of my position as registered agent.

  
\_\_\_\_\_  
Nicolás J. Gutiérrez, Jr., Esq.  
Registered Agent

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SECRETARY OF STATE  
CORPORATION DIVISION


**V.**  
**MANAGER(S) OR MANAGING MEMBER(S)**

The name and address of the initial Manager or Managing Member, as well as his/her corresponding position(s), are as follows:

Dr. Robert Thomas	Managing Member
600 Biltmore Way, Apt. No. 616	
Coral Gables, FL 33134	

IN WITNESS WHEREOF, I have executed these Articles of Organization, as the Authorized Representative of the Managing Member and acknowledged this to be my free and voluntary act, on this 10th day of November, 2006.

(In accordance with section 608.408(3) of the Florida Statutes, as amended, the execution of this certification constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

  
Nicolás J. Gutiérrez, Jr., Esq.  
Authorized Representative of the  
Managing Member

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SECRETARY  
FILED  
CLERK  
CORAL GABLES, FL