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From:
Account Name: SHUMAKER, LOOP & KENDRICK LLP
Account Number: 07550000438
Phone: (813) 229-7600
Fax Number: (813) 229-1660

FLORIDA/FOREIGN LIMITED LIABILITY CO.

TAMPA RENAL PHYSICIANS, P.L.

Certificate of Status	0
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H07000214971 3

P.02

**ARTICLES OF ORGANIZATION
TAMPA RENAL PHYSICIANS, P.L.**

ARTICLE I - Name

The name of the Professional Limited Liability Company is **TAMPA RENAL PHYSICIANS, P.L.**

ARTICLE II - Address

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

3500 E. Fletcher Avenue, Suite 218,
Tampa, Florida 33613

ARTICLE III - Professional Services Rendered

The Professional Limited Liability Company shall render medical services.

ARTICLE IV - Registered Agent and Registered Address

The name and the street address of the registered agent is:

Erin Smith Aebel, Esq.,
Shumaker, Loop & Kendrick, LLP
101 East Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization as an authorized representative of a Member this 23rd day of August 2007.

Erin Smith Aebel

Signature of an authorized representative of a member.

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

Erin Smith Aebel

Typed or printed name of signee

H07000214971 3

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P.03

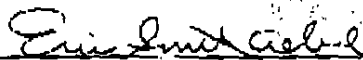
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE
UNDERSIGNED PROFESSIONAL LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the professional limited liability company is **TAMPA RENAL
PHYSICIANS, P.L.**
2. The name and the Florida street address of the registered agent are:

Erin Smith Aebel, Esq.
Shumaker, Loop & Kendrick, LLP
101 East Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

*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 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 obligations of my position as registered agent.*


Signature

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H07000214971 3