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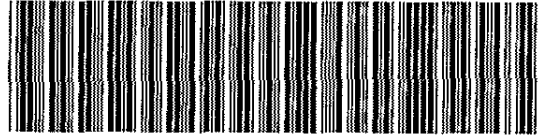
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 221711 4312787

AUTHORIZATION :

*[Handwritten Signature]*

COST LIMIT : \$ 155.00

07 SEP 11 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**

ORDER DATE : September 11, 2007

ORDER TIME : 9:43 AM

ORDER NO. : 221711-005

CUSTOMER NO: 4312787

DOMESTIC FILING

NAME: CORAL GABLES SPECIALTY  
PHYSICIANS, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace - EXT. 2928

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
CORAL GABLES SPECIALTY PHYSICIANS, LLC**  
a Florida limited liability company

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**CORAL GABLES SPECIALTY PHYSICIANS, LLC**

**ARTICLE II - ADDRESS**

The mailing address and the street address of the principal office of the Limited Liability Company is 6855 Red Road, Suite 600, Coral Gables, Florida 33143.

**ARTICLE III - DURATION**

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

**ARTICLE IV - MANAGEMENT**

The Limited Liability Company shall be managed by its Managers. The initial Managers of the Limited Liability Company and their addresses are:

Ralph E. Lawson	6855 Red Road, Suite 600 Coral Gables, Florida 33143
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Wendy Greenleaf	6855 Red Road, Suite 600 Coral Gables, Florida 33143
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Lincoln S. Mendez	6855 Red Road, Suite 600 Coral Gables, Florida 33143
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**ARTICLE IV - MEMBER**

The sole Member of the limited liability company is Baptist Health South Florida, Inc., a Florida not-for-profit corporation, whose address is 6855 Red Road, Suite 600, Coral Gables, Florida 33143.

**ARTICLE V - REGISTERED AGENT AND OFFICE**

The name and address of the initial registered agent of the Limited Liability Company is:

David R. Friedman, Esq.  
6855 Red Road, Suite 600  
Coral Gables, Florida 33143

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TALLAHASSEE, FLORIDA

(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.)

Dated this 6<sup>th</sup> day of September, 2007.

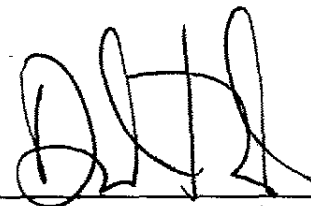
**BAPTIST HEALTH SOUTH FLORIDA, INC.,**  
a Florida not-for-profit corporation

By:   
**WENDY GREENLEAF, Vice President**

**REGISTERED AGENT'S ACCEPTANCE**

Having been named to accept service of process for the above-named Limited Liability Company, at the place designated in the foregoing Articles of Organization pursuant to the provisions of Section 608.415, Florida Statutes, 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 as provided for in Chapter 608, Florida Statutes.

Dated: September 6<sup>th</sup>, 2007.

  
**DAVID R. FRIEDMAN, ESQ.**  
Registered Agent