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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP
Account Number : 075350000132
Phone : (305) 374-7580
Fax Number : (305) 351-2122

AR
3/18 10:12

FLORIDA/FOREIGN LIMITED LIABILITY CO

BK MEDICAL PARTNERS, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

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March 27, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BILZIN, SUMBERG

SUBJECT: BK MEDICAL PARTNERS, LLC
REF: W08000015771

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Naysa Culligan
Document Specialist

FAX Aud. #: H08000069056
Letter Number: 908A00018201

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**ARTICLES OF ORGANIZATION
OF
BK MEDICAL PARTNERS, LLC
a Florida limited liability company**

1. The name of the limited liability company is BK MEDICAL PARTNERS, LLC.
2. The mailing address of the principal office of the limited liability company is:

370 Minorca Avenue
Coral Gables, Florida 33134

3. The street address of the principal office of the limited liability company is:

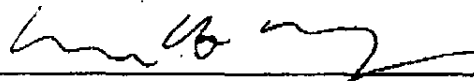
370 Minorca Avenue
Coral Gables, Florida 33134

4. The name and street address of the initial registered agent of the limited liability company are:

CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

Dated: as of February 22, 2008.

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TALLAHASSEE FLORIDA


William H. Holly, Authorized Representative

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED 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 Limited Liability Company is:

BK MEDICAL PARTNERS, LLC

2. The name and the Florida street address of the registered agent and office are:

CT Corporation System
(Name)

1200 South Pine Island Road
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation, Florida 33324
City/State/Zip

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 as provided for in Chapter 608, Florida Statutes.

By: Madonna Cuddihy
CT Corporation System
(Signature)

**Madonna Cuddihy
Special Assistant Secretary**

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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