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FLORIDA/FOREIGN LIMITED LIABILITY CO.

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First City Hospitalists Group, PLLC

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EXAMINER   1/15/2009

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ARTICLES OF ORGANIZATION
OF
FIRST CITY HOSPITALISTS GROUP, PLLC

These Articles of Organization are submitted for the purpose of forming a professional limited liability company pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, and the Florida Professional Service Corporations and Limited Liability Companies Act, Chapter 621, Florida Statutes as the same may from time to time be amended (the "Act").

ARTICLE I- NAME

The name of this limited liability company (the "Company") is First City Hospitalists Group, PLLC.

ARTICLE II - ADDRESS

The address of the principal office and mailing address of the Company is 923 Woodbridge Hollow Road North, Jacksonville, Florida 32218.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 1301 Riverplace Blvd. Suite 1500, Jacksonville, Florida 32207, and the name of its initial registered agent at such address is Robert H. Pritchard.

ARTICLE IV - PURPOSE

The purpose of the Company is to render medical services, including, without limitation, hospitalist services.

ARTICLE IV – MANAGEMENT OF THE COMPANY

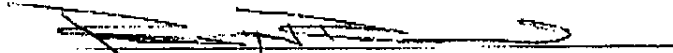The Company is to be managed by one or more managers and is, therefore, a manager-managed company.

ARTICLE V – LIMITED LIABILITY

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

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IN WITNESS WHEREOF, the undersigned, being an authorized representative of a Member of the Company, has executed these Articles of Organization this 14th day of January, 2009. 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.

Robert II. Pritchard
Authorized Representative

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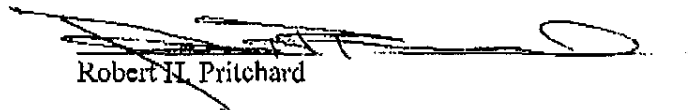## CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the below named limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.   The name of the limited liability company is:

First City Hospitalists Group, PLLC

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

Robert H. Pritchard
1301 Riverplace Blvd., Suite 1500
Jacksonville, FL 32207

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.

Dated: January 14, 2009   Signature of Registered Agent

Robert H. Pritchard

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