

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L09000102800
FILED 8:00 AM
October 26, 2009
Sec. Of State
alunt

Article I

The name of the Limited Liability Company is:

CARE HOSPITALIST PARTNERS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

8019 OLD TOWN DRIVE
ORLANDO, FL. US 32819

The mailing address of the Limited Liability Company is:

P.O.BOX 560, STE 108
478 E, ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL. US 32701

Article III

The purpose for which this Limited Liability Company is organized is:

MEDICAL PRACTICE

Article IV

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

BUCHI V REDDY
8019 OLD TOWN DRIVE
ORLANDO, FL. 32819

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.

Registered Agent Signature: BUCHI REDDY

Article V

The name and address of managing members/managers are:

Title: MGRM
BUCHI V REDDY
8019 OLD TOWN DRIVE
ORLANDO, FL. 32819

Title: MGRM
VRAJ PANARA
1907 BELFORD COURT
MAITLAND, FL. 32751

Title: MGRM
SAMANAICKER RANGANATHAN
1907 BELFORD COURT
MAITLAND, FL. 32751 US

Signature of member or an authorized representative of a member

Signature: BUCHI REDDY

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