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EXAMINER

NVISION OF CORPORATIONS

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CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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ARTICLES OF ORGANIZATION OF EMERGENCY PHYSICIANS OF SEBRING, L.L.C.

ARTICLE I - NAME



The name of the limited liability company is EMERGENCY PHYSICIANS OF SEBRING, L.L.C., ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

Mailing Address:

8390 Championsgate Boulevard

8390 Championsgate Boulevard

Suite 306

Suite 306

Championsgate, FL 33896

Championsgate, FL 33896

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Dr. Michael McHale 8390 Championsgate Boulevard Suite 306 Championsgate, FL 33896

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, F.S..

DR. MICHAEL MCHALE

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGMR" = Managing Member

MGR

Dr. Michael McHale

8390 Championsgate Boulevard

Suite 306

Championsgate, FL 33896

REQUIRED SIGNATURE:

Signature of a member or 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.)

DR. MICHAEL MCHALE

Typed or printed name of signee