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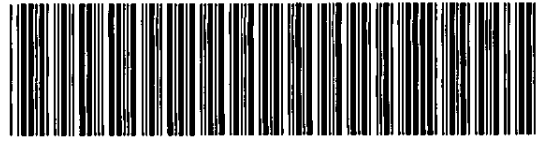
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CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: RICKY SOTO
DATE: 02/13/2013
REF. #: 000650.180980
CORP. NAME: BARDISA MEDICAL CENTER, L.L.C.

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- ARTICLES OF INCORPORATION ARTICLES OF AMENDMENT ARTICLES OF DISSOLUTION
- ANNUAL REPORT TRADEMARK/SERVICE MARK FICTITIOUS NAME
- FOREIGN QUALIFICATION LIMITED PARTNERSHIP LIMITED LIABILITY
- REINSTATEMENT MERGER WITHDRAWAL
- CERTIFICATE OF CANCELLATION
- OTHER:

STATE FEES PREPAID WITH CHECK# 103402 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

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

Examiner's Initials

**BARDISA MEDICAL CENTER, INC.
7374 SW 93RD AVENUE, SUITE 203
MIAMI, FL 33173**

January 24, 2013

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

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Re: Formation of Bardisa Medical Center, L.L.C.

Dear Sir or Madam:

The undersigned, as President of Bardisa Medical Center, Inc., a Florida corporation, registered under Document Number P09000009310, hereby authorizes use of the name "Bardisa Medical Center, L.L.C.", by a to-be-formed Florida limited liability company filing Articles of Organization in Florida. Any potential name conflicts are hereby waived.

Thank you.

Sincerely,

Bardisa Medical Center, Inc.,
a Florida corporation
Document Number P09000009310

By: 

Roselind H. Bardisa, D.O., President

**ARTICLES OF ORGANIZATION
OF
BARDISA MEDICAL CENTER, L.L.C.**

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**ARTICLE I
Name**

The name of the Limited Liability Company is Bardisa Medical Center, L.L.C. (the "Company").

**ARTICLE II
Address**

The mailing address and the street address of the principal office of the Company is 7374 SW 93rd Avenue, Suite 203, Miami, Florida 33173-3246.

**ARTICLE III
Registered Agent**

The name of the Company's registered agent in the State of Florida is Roselind H. Bardisa, D.O. and the address of the Company's registered office is 7374 SW 93rd Avenue, Suite 203, Miami, Florida 33173-3246.

**ARTICLE IV
Duration**

The period of duration for the Company shall be perpetual.

**ARTICLE V
Management**

The Company is to be a member-managed company and the name and address of the initial member is:

PrimeHealth Physicians, LLC
9045 SW 87th Court
Miami, Florida 33176

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**ARTICLE VI
Admission of Additional Members**

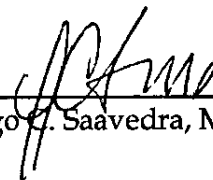
Members shall have the right to admit additional members as provided by the Florida Limited Liability Company Act by a vote of a majority-in-interest of the members.

**ARTICLE VII
Members' Rights to Continue Business**

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any member shall not cause the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event, the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.

MEMBER:

PrimeHealth Physicians, LLC, a Florida limited liability company

By: 
Diego J. Saavedra, M.D., Member

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

PURSUANT TO THE PROVISIONS OF SECTION 608.407 OR 608.415, FLORIDA STATUTES, THE UNDERSIGNED 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 Bardisa Medical Center, L.L.C.
2. The name and address of the registered agent and office is: Roselind H. Bardisa, D.O., 7374 SW 93rd Avenue, Suite 203, Miami, Florida 33173-3246.

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent.



Roselind H. Bardisa, D.O.

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REGISTERED AGENT
TALLAHASSEE, FL

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