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(Requestor's Name)

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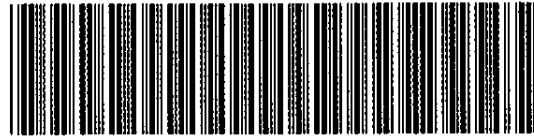
(Business Entity Name)

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FEB 14 2013

J. BRYAN

CORP DIRECT 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: PRIMECARE OF CORAL GABLES, 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# 103404 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

PRIMECARE OF CORAL GABLES, P.A.
299 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134-5106

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

Re: PrimeCare of Coral Gables, L.L.C.

Dear Sir or Madam:

The undersigned, as a Director of PrimeCare of Coral Gables, P.A., a Florida professional corporation, registered under Document Number P02000006752, hereby authorizes use of the name "PrimeCare of Coral Gables, 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,

PrimeCare of Coral Gables, P.A.,
a Florida professional corporation
Document Number P02000006752

By: _____

Jeffrey B. Rosen, M.D., Director

**ARTICLES OF ORGANIZATION
OF
PRIMECARE OF CORAL GABLES, L.L.C.**

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**ARTICLE I
Name**

The name of the Limited Liability Company is PrimeCare of Coral Gables, L.L.C. (the "Company").

**ARTICLE II
Address**

The mailing address and the street address of the principal office of the Company is 299 Alhambra Circle, Coral Gables, Florida 33134-5106.

**ARTICLE III
Registered Agent**

The name of the Company's registered agent in the State of Florida is Jeffrey B. Rosen, M.D. and the address of the Company's registered office is 299 Alhambra Circle, Coral Gables, Florida 33134-5106.

**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 C. Saavedra, M.D., Member

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

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TALLAHASSEE, FLORIDA

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 PrimeCare of Coral Gables, L.L.C.
2. The name and address of the registered agent and office is: Jeffrey B. Rosen, M.D., 299 Alhambra Circle, Coral Gables, Florida 33134-5106.

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.



Jeffrey B. Rosen, M.D.