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Division of Corporations

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : SMITH HULSEY & BUSBY
Account Number : 075030000653
Phone : (904) 359-7700
Fax Number : (904) 359-7712

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FLORIDA LIMITED LIABILITY CO.
First Coast Medical Providers, P.L.

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**ARTICLES OF ORGANIZATION
OF
FIRST COAST MEDICAL PROVIDERS, P.L.**

The undersigned organizer, who is the authorized representative of First Coast Medical Providers, P.L. (the "Company") under the Florida Professional Service Corporation and Limited Liability Company Act, hereby adopts the following Articles of Organization.

ARTICLE I - NAME

The name of the Company is First Coast Medical Providers, P.L.

ARTICLE II - PRINCIPAL OFFICE

The street address of the principal office of the Company and the mailing address of the Company are 20843 2nd Avenue West, Summerland Key, Florida 33042.

ARTICLE III - NATURE OF BUSINESS

The purpose for which this Corporation is organized is to provide professional medical and healthcare services.

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and street address of the initial registered agent are Smith Hulsey & Busey, Professional Association, 225 Water Street, Suite 1800, Jacksonville, Florida 32202.

ARTICLE V - EFFECTIVE DATE

The effective date of the organization of this Company shall be May 7, 2013.

ARTICLE VI - MANAGEMENT

The Company shall be a manager-managed company.

IN WITNESS WHEREOF, the undersigned authorized representative has executed the foregoing Articles of Organization on the 7th day of May, 2013.



Brian Zargham
Authorized Representative

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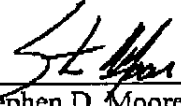
**CERTIFICATE OF DESIGNATION
OF REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned submits the following statement to designate a registered office and registered agent in the state of Florida.

1. The name of the Limited Liability Company is First Coast Medical Providers, P.L.
2. The name and mailing address of the registered agent are Smith Hulsey & Busey, Professional Association and 225 Water Street, Suite 1800, Jacksonville, Florida 32202.

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, SMITH HULSEY & BUSEY, PROFESSIONAL ASSOCIATION, HEREBY ACCEPTS THE APPOINTMENT AS REGISTERED AGENT AND AGREES TO ACT IN THIS CAPACITY. SMITH HULSEY & BUSEY, PROFESSIONAL ASSOCIATION, FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF ITS DUTIES AND IS FAMILIAR WITH AND ACCEPTS THE OBLIGATIONS OF ITS POSITION AS REGISTERED AGENT.

**SMITH HULSEY & BUSEY,
PROFESSIONAL ASSOCIATION**

By: 
Stephen D. Moore, Jr.
Assistant Secretary

Date: May 7, 2013.

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