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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

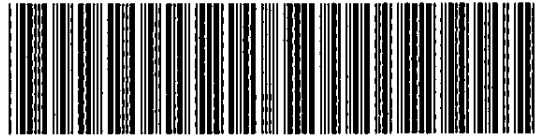
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05/10/13--01008--015 \*\*125.00

RECEIVED  
13 MAY 10 AM 11:09  
STATE OF ARIZONA  
DEPT. OF REVENUE

FILED  
2013 MAY 10 AM 8:45  
STATE OF ARIZONA  
DEPT. OF REVENUE

J. SAULSBERRY  
EXAMINER

MAY 13 2013

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

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:**      **RICKY SOTO**

**DATE:**            **05/10/2013**

**REF. #:**           **8764608**

**CORP. NAME:**   **HEALTHSUN PHYSICIANS NETWORK, LLC**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**FILED**  
**2013 MAY 10 AM 8:45**  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**STATE FEES PREPAID WITH CHECK# 70002379 FOR \$ 125.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
HEALTHSUN PHYSICIANS NETWORK, LLC**

The undersigned, being authorized to execute and file these Articles of Organization of HealthSun Physicians Network, LLC (the "Limited Liability Company"), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

HealthSun Physicians Network, LLC

ARTICLE II — Address:

The mailing address and the street address of the principal office of the Limited Liability Company is 3250 Mary Street, Coconut Grove, Florida 33133.

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

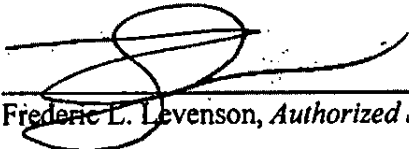
ARTICLE IV — Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

NRAI Services, Inc.  
1200 South Pine Island Road  
Plantation, FL 33324

ARTICLE V — Management:

The Limited Liability Company will be a manager-managed company.

  
\_\_\_\_\_  
Frederic L. Levenson, Authorized Signatory

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

**HealthSun Physicians Network, LLC**

*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 as provided for in Chapter 608, F.S.*

NRAI Services, Inc

By: Michele Holden  
Print Name: Michele Holden  
Print Title: Assistant Secretary

Dated: May 9, 2013

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2013 MAY 10 AM 8:45  
CLERK OF STATE  
TALLAHASSEE FL 32304