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Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

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From: **GAIL S ANDRE**

Account Name : LOWNDES, DROSDICK, DOSTER, KA NTOR & REED, P.A.
Account Number : 072720000036
Phone : (407) 843-4600
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
FLORIDA ORTHOPEDIC HOSPITALISTS, LLC**

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ARTICLES OF ORGANIZATION
OF
FLORIDA ORTHOPEDIC HOSPITALISTS, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this limited liability company is FLORIDA ORTHOPEDIC HOSPITALISTS, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

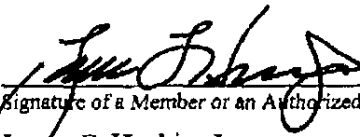
The mailing address and street address of the initial principal office of the Company is 2627 Riverside Avenue, Third Floor, Jacksonville, Florida 32204.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 215 North Eola Drive, Orlando, Florida 32801, and the name of the initial registered agent of the Company at that address is James F. Heckin, Jr.

ARTICLE IV - MANAGEMENT

The Company is to be managed by one or more managers and is, therefore, a manager-managed company.




Signature of a Member or an Authorized Representative of a Member
James F. Heckin, Jr.

Typed or Printed Name of Signer

ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.



James F. Heckin, Jr.