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Florida Department of State  
Division of Corporations  
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Account Number : I20000000056  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
NORTHWEST FLORIDA PHYSICIANS GROUP, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION  
OF  
NORTHWEST FLORIDA PHYSICIANS GROUP, LLC**

**ARTICLE I  
Name and Duration**

The name of this Limited Liability Company is Northwest Florida Physicians Group, LLC (hereinafter referred to as the "Company"). The duration of the Company shall be perpetual, commencing as of the date signed below or when accepted for filing by the Secretary of State.

**ARTICLE II  
Principal Office**

The mailing address and street address of the principal office of the Company is 730 New Warrington Road, Pensacola, Florida 32506, or such other place as the Members may determine from time to time.

**ARTICLE III  
Registered Office and Agent**

The address of the registered office of the Company in the State of Florida is 730 New Warrington Road, Pensacola, Florida 32506. The name of the registered agent at such address is Thomas Roberts.

**ARTICLE IV  
Company Purposes, Powers and Rights**

1. The nature of the business to be conducted or promoted and the purposes of the Company is any purpose permitted by law.

2. The Company shall have all of the powers granted to a limited liability company under the laws of the State of Florida, including, without limitation, the powers specifically enumerated in Section 608.404, Florida Statutes.

3. In furtherance of its purposes, the Company shall have all of the general and specific powers and rights granted to and conferred on a company under the laws of the State of Florida, including, without limitation, the powers specifically enumerated in Section 608.404, Florida Statutes.

**ARTICLE V  
Members**

1. The initial members of the Company (the "Members") are set forth in the Company's records dated as of the date hereof.

2. Additional Members may be admitted from time to time only upon the written

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consent of the Members, and under the terms and conditions upon which such consent may be conditioned.

**ARTICLE VI**  
Manager

The initial Manager of the Company shall be Thomas Roberts.

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TALLAHASSEE, FL

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**ARTICLE VII**  
Amendment

The Members shall have the right to amend, alter, change or repeal any provision contained in these Articles of Organization, in the manner now or hereafter prescribed by a written agreement among the Members and all rights conferred upon Members herein are granted subject to this reservation.

**ARTICLE VIII**  
Regulations

The power to adopt, alter, amend or repeal an Operating Agreement (Regulations) for the management of this Company shall be vested in the Members.

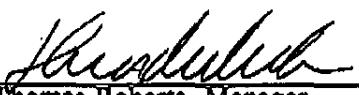
**ARTICLE IX**  
Transferability of Members' Interest

A Member's interest in the Company may be transferred only with the unanimous written consent of all the remaining Members if the transferee intends to become a Member. Subject to the terms of a written agreement among the Members, without such consent, the transferee shall not be entitled to become a Member of the Company, but shall be entitled only to the share of profits, other compensation or return of contributions to which the transferee otherwise would be entitled.

The undersigned, for the purpose of forming a Limited Liability Company under the laws of the State of Florida, and as the Authorized Representative of the Company, does execute, file and record these Articles of Organization, and does certify that the facts herein stated are true.

DATED: This 12 day of August 2013.

**AUTHORIZED REPRESENTATIVE & ORGANIZER:**

  
\_\_\_\_\_  
Thomas Roberts, Manager

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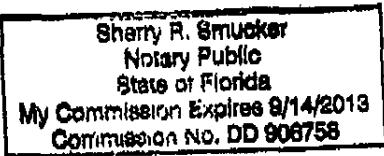
ACKNOWLEDGMENT

STATE OF FLORIDA  
COUNTY OF ESCAMBIA }

The foregoing instrument was acknowledged before me on this 12 day of August 2013, by Thomas Roberts, who is personally known to me, acting as the Authorized Representative and Organizer of this Company.

Seal

*Sherry R Smucker*  
NOTARY PUBLIC-STATE OF FLORIDA



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NOTARY PUBLIC STATE  
OF FLORIDA  
SHERRY R. SMUCKER

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT AND REGISTERED OFFICE  
OF  
NORTHWEST FLORIDA PHYSICIANS GROUP, LLC**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY 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: Northwest Florida Physicians Group, LLC.

2. The name and the Florida street address of the registered agent are:

Thomas Roberts  
730 New Warrington Road  
Pensacola, Florida 32506

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.

By:

Thomas Roberts

108-12-2013

/Date