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Fax Number : (850)617-6383

Effective Date 10-30-13

From:

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Account Number: 072450003255 Phone: (305)634-3694 Fax Number: (305)633-9696

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FLORIDA LIMITED LIABILITY CO.

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Articles of Organization of

Hospital Intensivist Group, PLLC

The undersigned natural person(s), of the age of eighteen years or more, acting as organizers of a professional limited liability company under the State of Florida Professional Limited Liability Company Act, adopt(s) the following Articles of Organization for such professional limited liability company.

Article 1. Name of Professional Limited Liability Company

Name of the Professional Limited Liability Company is, Hospital Intensivist Group, PLLC.

Article 2. Registered Office and Registered Agent

The initial registered office of this limited liability company and the name of its initial registered agent at this address are:

The Law Offices of Max A. Adams, Esq., PLLC 325 Almeria Avenue Coral Gables, FL. 33134

Article 3. Statement of Purposes

The purposes for which this limited liability company is organized are:

The Practice of Medicine and Healthcare Services

Article 4. Management and Names and Addresses of Initial Manager

This will be a member-managed company. The name and address of each managing member are as follows:

Title:

MGRM

Name:

Critical Care Consulting Company, PLLC

Address

9594 Campi Drive

Lake Worth, Florida 33467

Title:

MGRM

Name:

Zafar Chuadry M.D., PLLC

1398 Victoria Isle Lane Weston, Ft 33327

Article 5. Principal Place of Business of the Limited Liability Company

The principal place of business of the limited liability company shall be:

Address

9594 Campi Drive

Lake Worth, Florida 33467

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Article 6. Period of Duration of the Limited Liability Company

The period of duration of the limited liability company shall be:

"Perpetual"

Article 7. Company Existence

The Company's existence shall begin effective as of 10-30-13

The authorized members executed these Articles of Organization on 10-30-13.

Max A. Adams, Altorney in Fact

10/38/13 DATE

STATEMENT OF REGISTERED AGENT

PROFESSIONAL LIMITED LIABILITY COMPANY:

HOSPITAL INTENSIVIST GROUP, PLLC.

REGISTERED AGENT/OFFICE:

The Law Offices of Max A. Adams, Esq., PLLC 325 Almeria Avenue Coral Gables, FL. 33134

I agree to act as registered agent to accept service of process for the company named above at the place designated in this Statement. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.

The Medi-Law Firm, by

Max A. Adams, Attorney in Fact

Registered Agent for

HOSPITAL INTENSIVIST GROUP, PLLC.

Date: 10-30-13

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