

LIS 00164203

Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
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**FLORIDA LIMITED LIABILITY CO.
HNI Medical Services of Florida, LLC**

Certificate of Status	0
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ARTICLES OF ORGANIZATION
OF
HNI MEDICAL SERVICES OF FLORIDA, LLC

The undersigned Member or Authorized Representative of the Member signs these Articles of Organization and forms a limited liability company (the "*Company*") under the statute 605.0201 of the Florida Revised Limited Liability Company Act (the "*Act*"), as follows:

ARTICLE I – NAME

The name of the Company is:

HNI Medical Services of Florida, LLC

ARTICLE II – MAILING ADDRESS AND STREET ADDRESS

The mailing address and street address of the principal office of the Company is:

c/o Hospitalists Now, Inc.
512 Victoria Lane, Suite 12
Harlingen, Texas 78550

ARTICLE III – INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the initial registered agent and office of the Company are:

CT Corporation System
1200 S Pine Island Road
Suite 250
Plantation, FL 33324

ARTICLE IV – MANAGEMENT

The name and address of each person authorized to manage and control the Company

Michael Gonzales
Manager
c/o Hospitalists Now, Inc.
512 Victoria Lane, Suite 12
Harlingen, Texas 78550

Barry Fromberg
Manager
c/o Hospitalists Now, Inc.
512 Victoria Lane, Suite 12
Harlingen, Texas 78550

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ARTICLE V - EXISTENCE

The Company's existence will commence upon the filing of the Articles of Organization by the Florida Department of State.

9/25/2015 9:50:07 AM From: To: 8506176381(4/5)

In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, Florida Statutes.



Barry Bromberg
Authorized Representative of the Member

ACCEPTANCE BY REGISTERED AGENT

Pursuant to the provisions of Florida Statute §605.0113 the undersigned Limited Liability Company organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Company is:

HNI MEDICAL SERVICES OF FLORIDA, LLC

2. The name and address of the registered agent and office is:

CT Corporation System
1200 S Pine Island Road
Suite 250
Plantation, FL 33324

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED ASSOCIATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, THE UNDERSIGNED IS FAMILIAR WITH, AND ACCEPTS THE APPLICABLE PROVISIONS OF FLORIDA STATUTE §605.

Signature:



Angel Nunez, Registered Agent

Angel Nunez
Assistant Secretary

Date:

September 25, 2015