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

From: Account Name : HILZIN SUMBERG BAENA PRICE & AXELROD LLP
Account Number : 075350000132
Phone : (305) 374-7580
Fax Number : (305) 351-2122

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
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FLORIDA LIMITED LIABILITY CO.
Multi-Specialty Physicians Group, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION
OF
MULTI-SPECIALTY PHYSICIANS GROUP, LLC
a Florida limited liability company

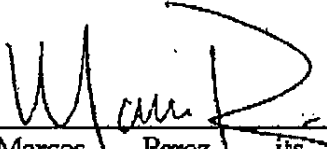
1. The name of the limited liability company is Multi-Specialty Physicians Group, LLC.
2. The mailing address of the principal office of the limited liability company is:

8600 NW 41st Street
Doral, FL 33166
3. The street address of the principal office of the limited liability company is:

8600 NW 41st Street
Doral, FL 33166
4. The name and street address of the initial registered agent of the limited liability company are:

Mark S. Koondel
8600 NW 41st Street
Doral, FL 33166

Dated: as of May 12, 2016

By: 
Marcos Perez, its Authorized Representative

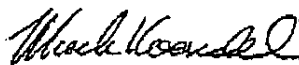
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**ACCEPTANCE OF APPOINTMENT
AS REGISTERED AGENT**

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 605, F.S.

Dated: as of May 12, 2016



Mark S. Koondel, Registered Agent

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