

# L00000004543

**Pennington Law Firm**  
 P. O. Box 10095  
 Tallahassee, FL 32302-2095  
 City/State/Zip Phone #  
 222-3533

FILED  
 00 APR 19 PM 4 58  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. BEACON HEALTH MANAGEMENT, LLC  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. L00-4543 200003215552  
 (Corporation Name) (Document #)  
 Availability: Q 4/19
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

- Walk in       Pick up time  
 Mail out       Will wait       Photocopy

- Certified Copy (2)  
 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
 00 APR 19 PM 3:16  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

PLEASE CALL ME WHEN READY, SO I CAN HAVE A HURRY PICK UP.  
 THANKS!  
 CAROL WILES  
 4/19/00

Examiner's Initials	
---------------------	--

ARTICLES OF ORGANIZATION  
OF  
BEACON HEALTH MANAGEMENT, L.L.C.

FILED  
NO APR 19 PM 4: 58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), files these Articles of Organization for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

1. NAME.

The name of the Limited Liability Company is BEACON HEALTH MANAGEMENT, L.L.C. (hereinafter referred to as the "Company").

2. PERIOD OF DURATION.

The period of duration of the Company shall not exceed the maximum term permitted under the Florida Limited Liability Company Act. The Company may be dissolved sooner, however, as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. PURPOSE.

The purpose for which the Company is organized is to provide health care management services, to do everything incidental or necessary relating thereto, and to engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

FILED  
00 APR 19 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4. ADDRESS OF PRINCIPAL PLACE OF BUSINESS.

The mailing address and the street address of the principal place of business in Florida for the Company is: 3520 Thomasville Road, Suite 200, Tallahassee, FL 32308. Such address may be changed from time to time as provided in the Operating Agreement.

5. REGISTERED AGENT.

The initial registered agent in Florida for the Company is: CT Corporation Services, and the initial registered office of the Company is located at 1200 S. Pine Island Road, Plantation, FL 33324.

6. INITIAL CAPITAL CONTRIBUTIONS.

The total amount of cash and a description of the agreed value of property other than cash contributed to the Company, if any, is: One Hundred and No/100 Dollars (\$100.00).

7. ADDITIONAL CONTRIBUTIONS.

The total additional contributions, if any, agreed to be made by all Members and the times at which such contributions shall be made, are as follows: No total additional contributions have been agreed to as of the date of filing of these Articles of Organization. Additional contributions, if any, will be made as provided in the Operating Agreement.

8. MEMBERS; ADMISSION OF NEW MEMBERS.

The Company shall have at least one (1) member. The sole initial Member of the company shall be Beacon Holdings, L.L.C. New Members may be admitted in the manner provided in the Operating Agreement.

9. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expiration, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company, if any.

10. MANAGEMENT.

The Company shall be managed by not less than one (1) Manager and is therefore a manager-managed company. In the event of the death of a Manager, the remaining Manager(s), if any, shall serve until the next meeting of the Members and until a successor for the deceased Manager is elected and qualified. The name and address of the person who is to serve as the Manager of the Company until the first annual meeting of Members or until his successor(s) are duly elected and qualified are as follows:

1. Steven M. Scott, M.D.  
3520 Thomasville Road, Suite 200  
Tallahassee, FL 32308

11. INDEMNIFICATION.

Unless expressly agreed otherwise in writing by all of the Members, the Company shall indemnify any Manager or former Manager to the full extent permitted under the Florida Limited Liability Company Act.

FILED  
00 APR 19 4 58 PM '04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. EFFECTIVE TIME.

These Articles shall be effective when filed with the Florida Department of State.

Executed at Durham, NC, on the 18  
April, 2000.

FILED  
00 APR 19 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BEACON HOLDINGS, L.L.C.

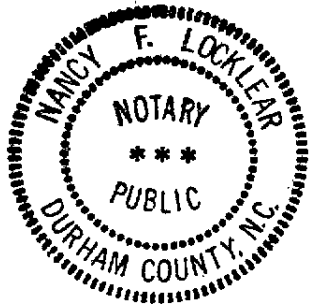
St. M. Scott

— by STEVEN M. SCOTT, M.D., its  
Manager  
"Member"

STATE OF North Carolina  
COUNTY OF Durham.

The foregoing instrument was acknowledged before me this 18th  
day of April, 2000, by STEVEN M. SCOTT, M.D., as Manager  
of BEACON HOLDINGS, L.L.C., a Florida Limited Liability Company, on  
behalf of such company, a Member of BEACON HEALTH MANAGEMENT,  
L.L.C. He is personally known to me or has produced  
as identification.

Nancy F. Locklear  
NOTARY PUBLIC - STATE OF NORTH CAROLINA  
~~FLORIDA~~



Nancy F. Locklear

Print, Type or Stamp Name of Notary Public

Commission

No.

My commission expires:

4-11-2005

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Chapter 608, Florida Statutes, 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: Beacon Health Management, L.L.C.

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

CT Corporation Services

(NAME)

1200 S. Pine Island Road

(P.O. BOX NOT ACCEPTABLE)

Plantation, FL 33324

(CITY/STATE/ZIP)

SIGNATURE

Steven M. Scott

Steven M. Scott, M.D.

TITLE

Manager

DATE

4/18/06

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.

SIGNATURE

(SEE ATTACHED)

CT CORPORATION SERVICES

DATE

REGISTERED AGENT FILING FEE: \$35.00

00 APR 19 PM 4: 58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Chapter 608, Florida Statutes, 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: Beacon Health Management, L.L.C.

2. The name and address of the registered agent and office is: CT Corporation System  
(NAME)

1200 S. Pine Island Road  
(P.O. BOX NOT ACCEPTABLE)

Plantation, FL 33324  
(CITY/STATE/ZIP)

SIGNATURE \_\_\_\_\_

Steven M. Scott, M.D.

TITLE Manager

DATE \_\_\_\_\_

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.

**BABARA A. BURKE  
SPECIAL ASSISTANT SECRETARY**

SIGNATURE Barbara A Burke  
CT CORPORATION System

DATE April 18, 2000

REGISTERED AGENT FILING FEE: \$35.00

c:\w G:\USERS\MARSHA\COMPORAT\beacon.hm.ra.wpd

09 APR 19 PM 4: 58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED