

# LO7000020173

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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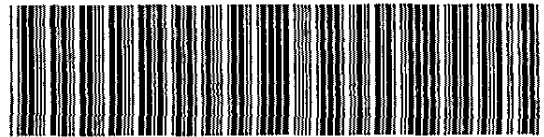
(Business Entity Name)

(Document Number)

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# HONIGMAN

Honigman Miller Schwartz and Cohn LLP  
Attorneys and Counselors

Jennifer L. Benedict

(313) 465-7326

Fax: (313) 465-7327

jbenedict@honigman.com

Via Federal Express

February 20, 2007

Florida Department of State  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: *BayCare Purchasing Partners, LLC*  
*BayCare Integrated Service Center, LLC*

Dear Sir/Madam:

Enclosed for filing are Articles of Organization for:

- BayCare Purchasing Partners, LLC, and
- BayCare Integrated Service Center, LLC

Also enclosed are two checks, each in the amount of \$160.00, to cover the cost of the filing fees, Certificate of Status and a Certified Copy of the Articles.

Please return all correspondence concerning this matter to:

Jennifer Benedict, Esq.  
Honigman Miller Schwartz and Cohn LLP  
660 Woodward Avenue  
2290 First National Building  
Detroit, MI 48226

If you have any questions, please call me at (313) 465-7326.

Very truly yours,

  
Jennifer Benedict

Enc.

cc: (w/o enc.) Judith Lipscomb  
Stuart Lockman, Esq.

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**ARTICLES OF ORGANIZATION  
OF  
BAYCARE PURCHASING PARTNERS, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I  
NAME**

The name of the limited liability company is BayCare Purchasing Partners, LLC (the "Company").

**ARTICLE II  
ADDRESS**

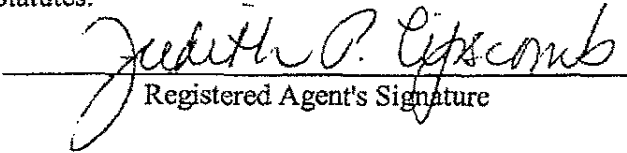
The mailing address and street address of the principal office of the Company is:  
BayCare Purchasing Partners, LLC, c/o BayCare Health System, Inc., 16255 Bay Vista Drive,  
Clearwater, FL 33760.

**ARTICLE III  
REGISTERED AGENT**

The name and address of the registered agent of the Company is Judith P. Lipscomb,  
16255 Bay Vista Drive, Clearwater, FL 33760.

**ACCEPTANCE OF REGISTERED AGENT DESIGNATION**

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 608, Florida Statutes.

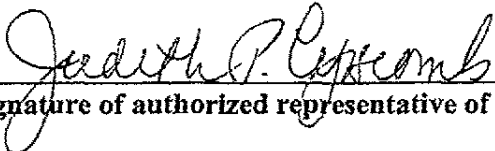
  
\_\_\_\_\_  
Registered Agent's Signature

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**ARTICLE IV**  
**MANAGEMENT**

The Company will be managed by its managing member as provided in the Company's Operating Agreement. The name and address of the managing member is BayCare Health System, Inc., 16255 Bay Vista Drive, Clearwater, FL 33760.

IN WITNESS WHEREOF, the undersigned has signed these Articles of Organization as an authorized representative of a member this 20 day of February, 2007.

  
\_\_\_\_\_  
Signature of authorized representative of a member

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

\_\_\_\_\_  
Judith P. Lipscomb  
Typed or printed name of signee

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