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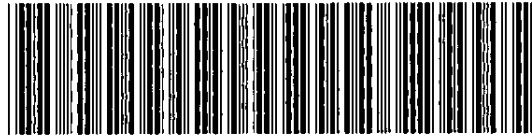
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

Aug 10 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medicus Select, L.L.C.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angie Fausett
Name of Person

Pennington Law Firm
Firm/Company

please expedite if at all possible,
Address

if runner cannot wait please call when
City/State and Zip Code

slindsey@penningtonlaw.com
E-mail address (to be used for future annual report notification)

ready!
Thank
you!

For further information concerning this matter, please call:

Angie Fausett at (850) 222.3533
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION
OF
MEDICUS SELECT, L.L.C.

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11 AUG 10 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida, do set forth the following:

1. NAME.

The name of the Limited Liability Company is Medicus Select, 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 in 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 engage in business as a management services organization and/or a Professional Employer Organization, 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.

4. ADDRESS OF PLACE OF BUSINESS.

The mailing and street address of the place of business in Florida for the Company is 1401 Centerville Road, Suite 210, Tallahassee, Leon County, FL 32308. Such address may be

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

changed from time to time as provided in the Operating Agreement.

5. REGISTERED AGENT.

The initial registered agent in Florida for the Company is Judy Davis, and the initial registered office is located at 1300 Miccosukee Road, Tallahassee, Florida 32308.

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 is as follows: One Thousand and No/100 Dollars (\$1,000.00) in cash.

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. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion, 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.

9. MANAGEMENT.

The Company shall be member-managed.

10. INDEMNIFICATION.

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

11. EFFECTIVE TIME.

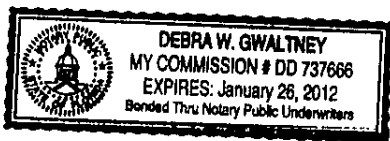
These Articles shall be effective when filed with the Florida Department of State.

Executed at Tallahassee, Florida, on the 5th day of August, 2011.

By: [Signature]
William A. Giudice, CFO
Tallahassee Memorial HealthCare, Inc.
Sole Member

STATE OF FLORIDA,
COUNTY OF LEON

The foregoing instrument was acknowledged before me this 5th day of August, 2011, by William A. Giudice, the Chief Financial Officer of Tallahassee Memorial HealthCare, Inc., the sole member of Medicus Select, LLC, a Florida limited liability company, on behalf of the company. He/she is personally known to me.



[Signature]
NOTARY PUBLIC - STATE OF FLORIDA
(SEAL)
Debra W. Gwaltney
Print, Type or Stamp Name of Notary Public

ACCEPTANCE OF REGISTERED AGENT

Having been named the Registered Agent in the State of Florida for Medicus Select, LLC, at the place designated in the Articles of Organization, Judy S. Davis agrees to act in this capacity, and agrees to comply with the provisions of Chapter 608, *Florida Statutes*, relative to keeping open such office.

[Signature]
Judy S. Davis
Date: 8/8/11

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA