

L12000018726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

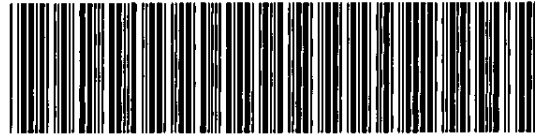
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**FEB 08 2012**  
**L. SELLERS**

Office Use Only



100215482181

RECEIVED  
12 FEB -7 PM 4:28  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
12 FEB -7 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 088030 7509084  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 125.00

ORDER DATE : February 7, 2012  
ORDER TIME : 4:05 PM  
ORDER NO. : 088030-025  
CUSTOMER NO: 7509084

DOMESTIC FILING

NAME: FIVEMILE CREEK EMERGENCY  
PHYSICIANS, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
 CERTIFICATE OF LIMITED PARTNERSHIP  
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Becky Peirce - EXT. 2919

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Five Mile Creek Emergency Physicians, LLC  
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:

Heather Banks  
Name of Person

EMSC  
Firm/Company

6000 S. Syracuse Way, Suite 100  
Address

Greenwood Village, CO 80111  
City/State and Zip Code

heather.banks@emsc.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Banks at (303) 495-1207  
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 FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Five Mile Creek Emergency Physicians, LLC  
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

1700 S. 3rd St.  
Fort Pierce, FL 34950

**Mailing Address:**

6500 S. Syracuse Way  
Suite 200  
Greenwood Village, CO 80111

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Corporation Service Company  
Name

1601 Hays Street  
Florida Street address (P.O. Box **NOT** acceptable)

Tallahassee, FL 32301  
City, State, and Zip

*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, F.S..*

Becky Peirce  
Becky Peirce  
Asst. Vice President  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**FILED**  
12 FEB - 7 AM 11: 39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Gregory J. Byrne, M.D.  
1400 S. Syracuse Way, Suite 100  
Greenwood Village, CO 80111

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

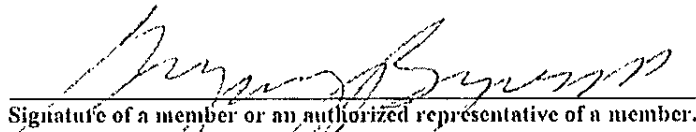
\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/1/16 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
Signature of a member or an 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. 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, F.S.)

Gregory J. Byrne, M.D.  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)