

L030000002755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

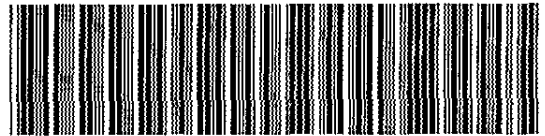
(Business Entity Name)

(Document Number)

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

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DEPT. OF REVENUE  
DIVISION OF REVENUE  
TALLAHASSEE, FLORIDA

AL

CORP DIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: PAM  
DATE: 1-23-03  
REF. #: 0174.  
CORP. NAME: Healthtrust, L.L.C.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1                  | <input type="checkbox"/> UCC-3                        |
| <input type="checkbox"/> OTHER: _____                |   |   |

STATE FEES PREPAID WITH CHECK# 1212 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_  
COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- ☒ CERTIFIED COPY      ☐ CERTIFICATE OF GOOD STANDING      ☐ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

Examiner's Initials

# ARTICLES OF ORGANIZATION

HEALTHTRUST, L.L.C.,  
a Florida limited liability company

## ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

HEALTHTRUST, L.L.C.

## ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

1605 Main Street  
Suite 610  
Sarasota, FL 34236

## ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Jenifer S. Schembri	240 S. Pineapple Avenue
	10 <sup>th</sup> Floor
	Sarasota, FL 34236

## ARTICLE IV MANAGEMENT AND POWERS

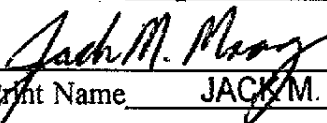
The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the  
22nd day of January, 2003.

WITNESSES:

  
Print Name CHERYL E. JOHNSON

  
ALAN PLUSH

  
Print Name JACK M. MAAG

“MANAGER”

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

HEALTHTRUST, L.L.C.

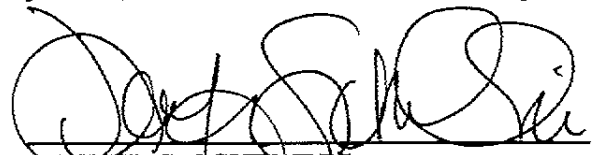
2. The name and the Florida street address of the registered agent are:

Jenifer S. Schembri  
240 S. Pineapple Avenue, 10<sup>th</sup> Floor  
Sarasota, FL 34236

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: \_\_\_\_\_

4/22/03

  
JENIFER S. SCHEMBRI  
"REGISTERED AGENT"