

SHEPPARD, BRETT, STEWART & HERSCH, P.A.

ATTORNEYS AT LAW

*Firm Established 1924*

MAIN OFFICE:

2121 WEST FIRST STREET  
FORT MYERS, FLORIDA 33901  
(941) 334-1141 PHONE  
(941) 334-3965 FAX

PLEASE REPLY TO:

POST OFFICE DRAWER 400  
FORT MYERS, FL 33902

SOUTH LEE COUNTY OFFICE:

16521 SAN CARLOS BLVD. #104-D  
FORT MYERS, FLORIDA 33908  
(941) 489-1277 PHONE  
(941) 489-1833 FAX

ELECTRONIC MAIL:

brett@sbshlaw.com  
stewart@sbshlaw.com  
hersch@sbshlaw.com  
kinsey@sbshlaw.com  
ingerto@sbshlaw.com

JAY ANDREW BRETT  
JOHN F. STEWART +  
CRAIG R. HERSCH\*\*  
D. HUGH KINSEY, JR.  
BRIAN J. INGERTO†°

OF COUNSEL

JOHN W. SHEPPARD \*

\* BOARD CERTIFIED: WILLS, TRUSTS & ESTATES  
† LLM TAXATION  
• CERTIFIED PUBLIC ACCOUNTANT (FL)  
• ALSO ADMITTED IN SOUTH CAROLINA  
+ ALSO ADMITTED IN IOWA

JOHN K. WOODSLAIR (1908-1968)  
W. A. SHEPPARD (1898-1971)

February 4, 2010

Corporate Records Bureau  
Division of Corporations  
Department of State  
P. O. Box 6327  
Tallahassee, Florida 32301

300003126433--7  
-02/03/00--01003--018  
\*\*\*\*155.00 \*\*\*\*155.00

Re: SOUTH BROWARD HOSPITALISTS, P.L.

Dear Sirs:

Enclosed herewith are proposed Articles of Organization in reference to the captioned Limited Liability Company. Also enclosed is our check in the amount of \$155.00 to cover the following:

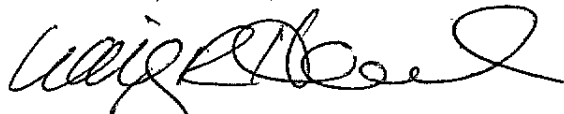
Filing Fee	\$ 100.00
Certified Copy of Charter	\$ 30.00
Resident Agent Fee	\$ 25.00
	\$ 155.00

FILED  
FEB -8 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Please note effective date for Articles of January 1, 2000. If the Articles of Organization meet with your approval, we will appreciate your executing and sending to the undersigned a Certificate of Organization.

Kind regards,

SHEPPARD, BRETT, STEWART & HERSCH, P.A.



Craig R. Hersch

CRH:dlb  
Enclosures  
H-1040

L00-1540  
BAA 2/10

ARTICLES OF ORGANIZATION  
OF  
SOUTH BROWARD HOSPITALISTS, P.L.

The undersigned subscribers to these Articles of Organization, being duly licensed to practice medicine under the laws of the State of Florida, adopt these Articles to form a Limited Liability Company under the Professional Service Corporation and Limited Liability Company Act, F.S. Chapter 621, and other laws of the State of Florida,

ARTICLE I  
NAME

The name of the Limited Liability Company is SOUTH BROWARD HOSPITALISTS, P.L.

ARTICLE II  
REGISTERED AGENT

The initial registered agent and address of the Company are: JUAN C. ACOSTA, M.D., 8534 S. W. 5<sup>th</sup> Street, Apartment #103, Pembroke Pines, Florida 33025. The mailing address of the Company is: 8534 S. W. 5<sup>th</sup> Street, Apartment #103, Pembroke Pines, Florida 33025.

ARTICLE III  
MANAGEMENT AND PURPOSE

The Company shall be a manager-managed company, and shall initially be managed by JUAN C. ACOSTA, M.D. The Operation Agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with the law or these Articles of Organization. The general purpose of the Company is the practice of hospital-based medicine.

ARTICLE IV  
MEMBERS

The names and address of the initial members of the Company are:

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FEB - 8 PM 4: 20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

NAME

ADDRESS

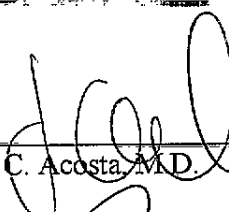
JUAN C. ACOSTA, M.D.

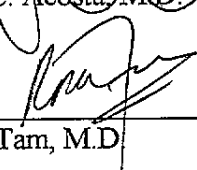
8534 S. W. 5<sup>th</sup> Avenue, #103  
Pembroke Pines, FL 33025

ROSA TAM, M.D.

2470 S. W. 131<sup>st</sup> Terrace  
Davie, Florida 33325

IN WITNESS WHEREOF, the undersigned members have made and subscribe these  
Articles of Organization at Hollywood, Florida, for the foregoing uses and purposes  
this 1st day of Feb., 2000.

  
\_\_\_\_\_  
Juan C. Acosta, M.D.

  
\_\_\_\_\_  
Rosa Tam, M.D.

FILED  
00 FEB - 8 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

COUNTY OF Broward

The foregoing instrument was acknowledged before me this 1st day of  
Feb., 2000 by JUAN C. ACOSTA, M.D., who is personally known to me or has  
produced ~~nothing~~ as identification.

(Seal)

Comm. Expires  
Comm. No.

  
\_\_\_\_\_  
Notary Public

Crocifissa Italiano  
Printed Notary Signature



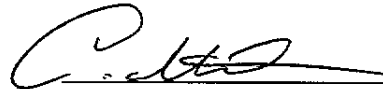
STATE OF FLORIDA

COUNTY OF Broward

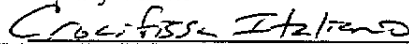
The foregoing instrument was acknowledged before me this 1st day of Feb., 2000 by ROSA TAM, M.D., who is personally known to me or has produced \_\_\_\_\_ as identification.

(Seal)

Comm. Expires  
Comm. No.



Notary Public



Printed Notary Signature



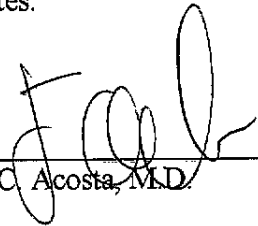
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for SOUTH BROWARD HOSPITALISTS, P.L., at the place designated herein, 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. I am familiar with and accept the obligations of my position as registered agent, as provided for in Chapter 608, Florida Statutes.

  
\_\_\_\_\_  
Juan C. Acosta, M.D.

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

1/31/00

FILED  
00 FEB - 8 PM 4: 20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA