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#### LIMITED LIABILITY COMPANY

Spectrum Health, LLC

Certificate of Status	0
Certified Copy	1
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# ARTICLES OF ORGANIZATION OF SPECTRUM HEALTH, LLC a Florida Limited Liability Company

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

- 1. <u>NAME</u>. The name of the Limited Liability Company is SPECTRUM HEALTH, LLC (the "Company").
- 2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address of the principal office of the Company is: 2800 s. Tamiami Trail, Sarasota, Florida 34239.
- 3. <u>REGISTERED AGENT</u>. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: James Woodford, 2800 S. Tamiami Trail, Sarasota, Florida 34239.
- 4. MANAGEMENT. The business of the limited liability company shall be managed by one of its members.

The undersigned has executed these Articles of Organization on the 15-11 day of March, 2000.

SPECTRUM HEALTH, LLC

By:\_\_

BART PRICE, M.D.

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## CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is Spectrum Health, LLC.
- 2. The name and address of the registered agent and office is:

James Woodford 2800 S. Tamiami Trail Sarasota, Florida 34239

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 its 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.

TAMES WOODFORD

Registered Agent

March 14, 2000

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