

Division of Corporations

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000065040 8)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 922-4003

From:

Account Name : WATTERSON, HYLAND & KLETT
Account Number : 073410002775
Phone : (561) 627-5000
Fax Number : (561) 627-5600

00 DEC 14 PM 1:05

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

AL

LIMITED LIABILITY COMPANY

Northwood Healthcare, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 DEC 14 AM 10:16

RECEIVED

Fax Audit No.: H00000065040 8

**ARTICLES OF ORGANIZATION FOR
NORTHWOOD HEALTHCARE, LLC**
a Florida Limited Liability Company

ARTICLE I

The name of the Limited Liability Company is: Northwood Healthcare, LLC.

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is: 560 N. Flagler Drive, Unit 504, West Palm Beach, Florida 33407.

ARTICLE III

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

Carecorp, LLC
560 N. Flagler Drive, Unit 504
West Palm Beach, Florida 33407

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, Florida Statutes.


Cortlandt Snow, as Member of Carecorp, LLC

ARTICLE IV

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.


Peter M. Fischer

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.


Peter M. Fischer

[Print Name]

Peter M. Fischer

FAX AUDIT NO.: H00000065040 8

FILED
STATE
SECRETARY OF CORPORATIONS
00 DEC 14 PM 1:05

Fax Audit No.: H00000065040 8

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, 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:

NORTHWOOD HEALTHCARE, LLC

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

Carecorp, LLC
560 N. Flagler Drive, Unit 504
West Palm Beach, Florida 33407

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, Florida Statutes.


Cortlandt Snow, as Member of Carecorp, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC 14 PM 1:00

Fax Audit No.: H00000065040 8