



L0100 0013869

ACCOUNT NO. : 072100000032

REFERENCE : 430013 4355221

AUTHORIZATION :

COST LIMIT : \$ ~~165.00~~ 185.00

Patricia Pizito
per Betty
8-17-01

ORDER DATE : August 17, 2001

ORDER TIME : 11:14 AM

ORDER NO. : 430013-005

CUSTOMER NO: 4355221

100004540341--6

CUSTOMER: William W. Caldwell, Esq
Collins, Brown, Caldwell
Barkett & Garavalia, Chartered
756 Beachland Boulevard

Vero Beach, FL 32963

DOMESTIC FILING

NAME: GROVE PLACE MEDICAL CENTER,
LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

TWO CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Betty Young - EXT. 1112

EXAMINER'S INITIALS:

8-17-01

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 AUG 17 PM 1:37
ALLAHASSEE, FLORIDA
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING
APPROVED
AND
FILED
01 AUG 17 PM 3:01
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
OF
GROVE PLACE MEDICAL CENTER, LLC
A Florida Limited Liability Company

ARTICLE I
NAME

The name of the Limited Liability Company is as follows:

GROVE PLACE MEDICAL CENTER, LLC

ARTICLE II
ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company are as follows:

1401 Highway A1A, Suite 301
Vero Beach, FL 32963

ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE,
AND REGISTERED AGENT'S SIGNATURE

The name and Florida street address of the Registered Agent are as follows:

William W. Caldwell, Esq.
Collins, Brown, Caldwell,
Barkett & Garavaglia, Chartered
756 Beachland Boulevard
Vero Beach, FL 32963

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.


William W. Caldwell, Resident Agent

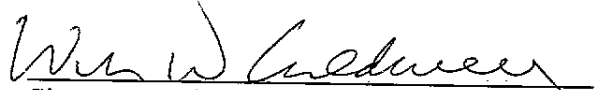
01 AUG 17 PM 3:02
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

ARTICLE III
MANAGEMENT
(Check box if applicable)

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

(An additional article must be added if an effective date is requested)


Signature of 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.)

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

APPROVED
AND
FILED
01 AUG 17 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA