

Division of Corporations

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Florida Department of State
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To:

Division of Corporations
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From: Gail S. Andre

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407)843-4600
Fax Number : (407)843-4444

427/099998/10901

PLEASE ARRANGE FILING OF THE ARTICLES OF ORGANIZATION OF JOHN YOUNG FAMILY MEDICAL CENTER, LLC WITH AN EFFECTIVE DATE OF TODAY, SEPTEMBER 20, 2001 AND RETURN TO ME A CERTIFICATE AS SOON AS POSSIBLE. THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.

LIMITED LIABILITY COMPANY

JOHN YOUNG FAMILY MEDICAL CENTER, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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ARTICLES OF ORGANIZATION
OF
JOHN YOUNG FAMILY MEDICAL CENTER, LLC

01 SEP 20

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this limited liability company is JOHN YOUNG FAMILY MEDICAL CENTER, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is C/O Raza Ali, 5149 S. John Young Parkway, Orlando, Florida 32839.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 215 North Eola Drive, Orlando, Florida 32801 and the name of the initial registered agent of the Company at that address is Thomas E. Francis.

Signature of an Authorized Representative of a Member

Thomas E. Francis

Typed or Printed Name of Signer

ACCEPTANCE OF REGISTERED AGENT

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.

Thomas E. Francis