

Florida Department of State

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

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.

Account Number : 075350000514 Phone : (727)442-1200 Fax Number

: (727)443-5829

ALI

LIMITED LIABILITY COMPANY

BAYSIDE MEDICAL CENTER, L.L.C.

Certificate of Status	0
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ARTICLES OF ORGANIZATION

OF

BAYSIDE MEDICAL CENTER, L.L.C.

a Florida Limited Liability Company

ARTICLE I NAME

The name of this Limited Liability Company is BAYSIDE MEDICAL CENTER, L.L.C., (the "Company").

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

> 1245 Court Street Suite 102 Clearwater, FL 33756

ARTICLE III DURATION

The Company's existence shall commence upon the acceptance of the Articles of Organization by the Secretary of State of Florida and shall continue in existence until the expiration of fifty (50) years from such commencement date, unless sooner terminated, liquidated, or dissolved by law or by the unanimous consent of the Members.

ARTICLES OF ORGANIZATION OF BAYSIDE MEDICAL CENTER, L.L.C.

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Alan S. Gassman, Esquire 1245 Court Street Suite 102 Clearwater, FL 33756 (727) 442-1200 Florida Bar #: 371750 Andit Fax #: H02000045580 6

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ARTICLE IV ADMISSION OF NEW MEMBERS

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

The manager may admit new members in its sole and unfettered discretion subject only to the condition that such additional member must agree in writing to be bound as a member by the Operating Agreement of the Company.

ARTICLE V MEMBERS RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall not terminate the company, and the business of the company shall be automatically continued, so long as there is at least one remaining member.

AUTHORIZED REPRESENTATIVE OF MEMBER BAYSIDE MEDICAL CENTER, L.L.C.

ALAN S. GASSMAN

ARTICLES OF ORGANIZATION OF BAYSIDE MEDICAL CENTER, L.L.C.

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Alan S. Gassman, Esquire
1245 Court Street Suite 102
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(727) 442-1200
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STATE OF FLORIDA)
COUNTY OF PINELLAS)

The foregoing instrument was acknowledged before me this 2001 day of 2002, by ALAN S. GASSMAN, as Authorized Representative of BAYSIDE MEDICAL CENTER, L.L.C., who is personally known to me.

Witness my hand and official seal in the county and state last aforesaid on the day and year first written above.

Notary Public, State of Florida My Commission Expires:

ELLEN M. TISCHIO

MY COMMISSION & CC 925250

EXPIRES: April 24, 2004

Bondea Trus Notacy Public Underwriters

ARTICLES OF ORGANIZATION OF BAYSIDE MEDICAL CENTER, L.L.C.

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ACCEPTANCE OF REGISTERED AGENT

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:

The name of the Limited Liability Company is: BAYSIDE MEDICAL CENTER, L.L.C.

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

Alan S. Gassman, Esq. 1245 Court Street Suite 102 Clearwater, FL 33756 SECRETARY OF S ALLAHASSEE, FL 02 FEB 27

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.

___(SEAL)

ALAN S. GASSMAN, ESQ.

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