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## Florida Department of State

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

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## LIMITED LIABILITY COMPANY

COGENT HEALTHCARE OF FORT MYERS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

ALED SERVICE

ARTICLES OF ORGANIZATION

## OF COGENT HEALTHCARE OF FORT MYERS, LLC

#### ARTICLE I - Name:

The name of the Limited Liability Company is COGENT HEALTHCARE OF FORT MYERS, LLC (the "Company").

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Company is 100 West Cypress Creek Road, Suite 975, Fort Lauderdale, Florida 33309.

#### ARTICLE III - Duration:

The period of duration for the Company shall be perpetual.

## ARTICLE IV - Management:

The Company is be managed by its members.

#### ARTICLE V - Registered Agent:

The street address of the initial registered office of the Company shall be CorpDirect Agents, Inc., and the name of the initial registered agent of the Company at that address is 103 North Meridian Street, Lower Level, Tallahassee, Florida 32301.

#### ARTICLE VI - Purpose:

The business of the Company shall be to engage in any lawful act or activity permitted to a limited liability company under the laws of Florida.

## ARTICLE VII - Admission of Additional Members:

Members shall have the right to admit additional members as provided by the Florida Limited Liability Company Act by affirmative vote of all of the membership interests.

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# ARTICLE VIII - Members Rights to Continue Business:

If a member of the Company dies, retires, resigns, is expelled, is dissolved, experiences bankruptcy, or upon the occurrence of any other event which terminates the continued membership of a member in the Company, the remaining members may, by unanimous written agreement, continue the business of the Company.

#### ARTICLE IX - Amendment:

Except as provided herein, these Articles of Organization may be altered, amended or repealed by the members of the Company in accordance with Florida law.

IN WITNESS WHEREOF, the undersigned, pursuant to laws of the State of Florida, has executed these Articles of Organization as of June 2, 2002.

COMPREHENSIVE HOSPITAL PHYSICIANS OF FLORIDA, INC.

By: Print Name: 100

Title:

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## 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 ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- The name of the limited liability company is: COGENT HEALTHCARE OF FORT MYERS, LLC.
- The address of the registered agent and office is: 103 North Meridian Street, Lower Level, Tallahassee, Florida 32301 and the registered agent at that address is: CorpDirect Agents, Inc.

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by the 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 the obligations of my position as a registered agent.

Corp Direct Agents, Inc.

Print Name: Pam

Title: It's Agent