

07-14-03

13:34

FROM-Akerman Senterfitt

904-354-4459

T-025 P.001/004 F-031

# L03000025627

Florida Department of State  
Division of Corporations  
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Account Name : AKERMAN, SENTERFITT OF JACKSONVILLE  
Account Number : 105543000740  
Phone : (904)798-3700  
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## LIMITED LIABILITY COMPANY

North Florida Hospitalists, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

AND  
FILED  
03 JUL 14 PM 3:57  
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Additional members (as the term "member" is defined in §608.402 (21) of the Act) may be admitted at such times and on such terms and conditions as provided in the Operating Agreement of the Company.

#### ARTICLE VI CONTINUATION OF BUSINESS

The remaining members of the Company may continue its business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of the member or members in the Company as provided in the Act or the Operating Agreement of the Company.

#### ARTICLE VII MANAGEMENT OF THE COMPANY

The Company will be a member managed company managed by one of its members in accordance with and subject to the requirements of the Act and the Operating Agreement of the Company.

IN WITNESS WHEREOF, the undersigned, being the Managing Member of the Company, has executed the Articles of Organization on behalf of the Company in accordance with §608.407(4) of the Act.

Dated this 14th day of July, 2003.

PULMONARY AND CRITICAL  
CARE ASSOCIATES, P.A., Managing Member

By: Stuart Z. Millstone

Stuart Z. Millstone, President

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FROM-Akerman Senterfitt

804-354-4452

T-025 P.004/004 F-031

**CERTIFICATE DESIGNATING REGISTERED OFFICE AND  
REGISTERED  
AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA**

In compliance with Chapter 608, Florida Statutes, as amended from time to time (the "Act"), the following is submitted:

NORTH FLORIDA HOSPITALISTS, LLC, desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Act, hereby designates MOTOLAW, Inc., as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 50 North Laura Street, Suite 2500, Jacksonville, FL 32202.

Dated this 14th day of July, 2003.

CARE ASSOCIATES, P.A.

PULMONARY AND CRITICAL

By: Stuart Z. Millstone  
Stuart Z. Millstone, President

Having been named as registered agent to accept service of process for the above stated limited liability company, at the place designated in this certificate, I hereby agree to 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.

Dated this 14th day of July, 2003.

MOTOLAW, Inc.

By: Robert G. Shaffer II  
Robert G. Shaffer II, President

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TALLAHASSEE, FLORIDA

APPROVED  
AND  
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