

L040000019156

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

Gadsden Memorial Emergency Physicians, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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JB
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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

H04000052489

ARTICLE I - Name

The name of the Limited Liability Company is: **Gadsden Memorial Emergency Physicians, LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

3107 Stirling Road, Suite #101

3107 Stirling Road, Suite #101

Fort Lauderdale, FL 33312

Fort Lauderdale, FL 33312

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

Jeffrey Schillinger

Name

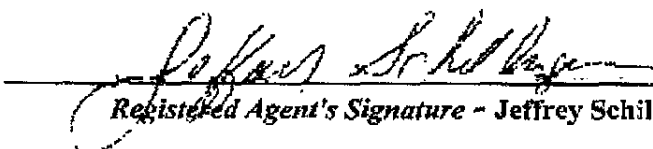
3107 Stirling Road, Suite #101

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Fort Lauderdale, FL 33312

(City / State / Zip)

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.



Registered Agent's Signature - Jeffrey Schillinger

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ARTICLE IV - Manager(s) or Managing Member(s):

H04000052489

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Jeffrey Schillinger- 3107 Stirling Road, Suite #101, Fort Lauderdale, FL 33312

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Jeffrey Schillinger

Typed or printed name of signee

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