

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L04000038000  
FILED 8:00 AM  
May 19, 2004  
Sec. Of State  
jbryan**

**Article I**

The name of the Limited Liability Company is:

FORGOTTEN COAST EMERGENCY PHYSICIANS, LLC

**Article II**

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

POST OFFICE BOX 99  
SOPCHOPPY, FL. 32358

The mailing address of the Limited Liability Company is:

POST OFFICE BOX 99  
SOPCHOPPY, FL. 32358

**Article III**

The purpose for which this Limited Liability Company is organized is:

PROVIDE HOSPITAL EMERGENCY ROOM SERVICES

**Article IV**

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

DEAN C KOWALCHYK  
1538 METROPOLITAN BOULEVARD  
TALLAHASSEE, FL. 32308

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.

Registered Agent Signature: DEAN C. KOWALCHYK

## **Article V**

The name and address of managing members/managers are:

Title: MGMR  
DAVID PIERCE  
POST OFFICE BOX 99  
SOPCHOPPY, FL. 32358

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Signature of member or an authorized representative of a member

Signature: DEAN C. KOWALCHYK