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Division of Corporations

Page 1 of 1 <http://file.snhz.org>

**Florida Department of State**  
Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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To:

Division of Corporations  
Fax Number : (850) 205-0363

From: **CARL MATTHEWS**

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.  
Account Number : 076077001702  
Phone : (407) 841-1200  
Fax Number : (407) 423-1831

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**Wellington Emergency Physician Associates, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF ORGANIZATION  
OF  
Wellington Emergency Physician Associates, LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, acting as organizer of this limited liability company pursuant to Chapter 608 of the Florida Statutes, hereby forms a limited liability company under the laws of the State of Florida and adopts the following Articles of Organization for such limited liability company:

ARTICLE I - NAME OF COMPANY

The name of this limited liability company is Wellington Emergency Physician Associates, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The street address, and the mailing address, of the principal office of the Company is 9229 LBJ Freeway, Suite 250, Dallas, Texas 75243.

ARTICLE III - REGISTERED AGENT  
AND REGISTERED OFFICE

The street address of the initial registered office of the Company in the State of Florida is 800 North Magnolia Avenue, Suite 1500, Orlando, Florida 32803. The name of the registered agent of the Company at that address is DEAN MEAD SERVICES, LLC.

ARTICLE IV - MANAGEMENT

The Company is to be a member-managed company.

ARTICLE V - EFFECTIVE DATE

The effective date of these Articles of Organization, and the beginning of the existence of the Company, shall be the date of filing of these Articles of Organization with the Florida Department of State.

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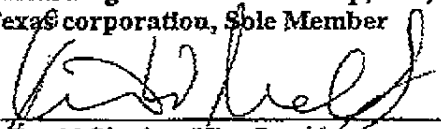
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The undersigned member has made and subscribed these Articles of Organization this  
30th day of July, 2004.

*Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

Medical Edge Healthcare Group, Inc.,  
a Texas corporation, Sole Member

By:

  
David Singley, Vice President

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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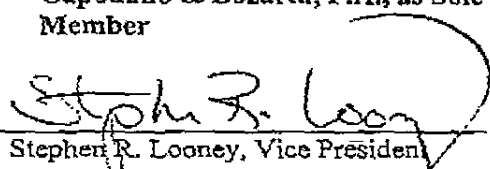
STATEMENT OF ACCEPTANCE OF REGISTERED AGENT**FILED**

Having been named as registered agent to accept service of process for the above referenced limited liability company, at the place designated in the foregoing Articles of Organization, I hereby accept such appointment and agree to act in such capacity. I further agree to comply with the provisions of all statutes relevant to the proper and complete performance of the duties of a registered agent, and I am familiar with, and accept the duties and obligations of, Section 608.415 of the Florida Statutes.

**DEAN MEAD SERVICES, LLC**

By: Dean, Mead, Egerton, Bloodworth,  
Caponano & Bozarth, P.A., as Sole  
Member

By:

  
Stephen R. Looney, Vice President

Date: August 2, 2004

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