

OCT. 13. 2004 11:44AM
Division of Corporations

TRIPP_SCOTT

NO. 8834 P. Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System
Electronic Filing Cover Sheet

L04000074306

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000204540 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: CATHERINE VESKOVSKI
Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954)525-7500
Fax Number : (954)761-8475

RECEIVED

04 OCT 13 PM 12:40

DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

BROWARD HEALTH SYSTEMS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

04 OCT 13 AM 9:01

SECTION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing

Public Access Help

OCT. 13. 2004 11:44AM

TRIPP_SCOTT

NO. 8834 ~ P. 2 ~

ARTICLES OF ORGANIZATION
OF
BROWARD HEALTH SYSTEMS, LLC

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

ARTICLE I
NAME

The name of this limited liability company is: BROWARD HEALTH SYSTEMS, LLC

ARTICLE II
PRINCIPAL OFFICE/MAILING ADDRESS

The principal office of this limited liability company is:

2340 NE 53rd Street
Fort Lauderdale, Florida 33308

The mailing address for this limited liability company is:

C/o Steven F. Aronson
309 West Washington, Suite 950
Chicago, Illinois 60606

ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE AND
REGISTERED AGENT'S SIGNATURE

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

David B. Rooney
2340 NE 53rd Street
Fort Lauderdale, Florida 33308

Prepared by: William J. Gross, Esq.
FL Bar No. 0898678
Tripp Scott, PA
PO Box 14245
Fort Lauderdale, FL 33302
954-525-7500

340255-1

04 OCT 13 AM 9:04
DIVISION OF CORPORATIONS

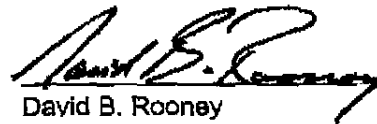
1404000204540

OCT. 13. 2004 11:44AM

TRIPP_SCOTT

NO. 8834^{02p} 3540

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.



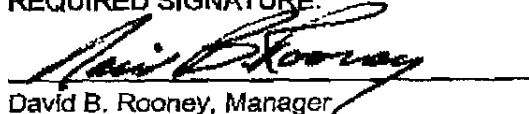
David B. Rooney
Registered Agent

ARTICLE IV

MANAGER(S) OR MANAGING MEMBER(S)

<u>Title</u>	<u>Name and Address</u>
MGRM	David B. Rooney 2340 NE 53 rd Street Fort Lauderdale, Florida 33308

REQUIRED SIGNATURE:



David B. Rooney, Manager

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

04 OCT 13 AM 9:04
DIVISION OF CORPORATIONS
STATE OF FLORIDA