

L04000088072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

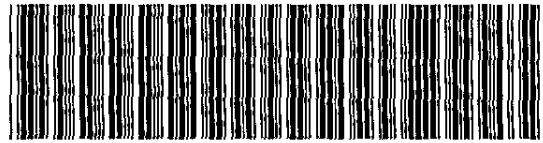
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DIVISION OF CORPORATION
04 DEC -7 PM 11:46

STATE OF FLORIDA
TALLAHASSEE, FLORIDA
04 DEC -7 PM 2:05
FILED

CAPITAL CONNECTION, INC.

1 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
Tel) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Five Mountain Medical, LLC

FILED
04 DEC -7 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: WL 12/7 11:00
Name _____ Date _____ Time _____

Will Pick Up _____

ARTICLES OF ORGANIZATION
OF
BLUE MOUNTAIN MEDICAL, LLC

FILED
04 DEC 17 11 2:05
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be BLUE MOUNTAIN MEDICAL, LLC, ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the company is 1225 Cypress Point E., Winter Haven, FL 33884.

ARTICLE III - REGISTERED OFFICE AND AGENT

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

RICHARD F. RADOCHA
1225 Cypress Point E.
Winter Haven, FL 33884

ARTICLE IV - MANAGERS

The company is member-managed. The name and address of each member are as follows:
Richard F. Radocha, 1225 Cypress Point E., Winter Haven, FL 33884


RICHARD F. RADOCHA

ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for BLUE MOUNTAIN MEDICAL, LLC at 1225 Cypress Point E. Winter Haven, FL 33884, I hereby accept 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 F.S. Chapter 608.

A handwritten signature in black ink, appearing to read "Richard F. Radocha MS.", written over a horizontal line.

RICHARD F. RADOCHA