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LIMITED LIABILITY COMPANY

Mill Creek Family Care, P.L.

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Florida Dept of State



FLORIDA DEPARTMENT OF STATE

Glanda E. Hood  
Secretary of State

January 12, 2005

MILL CREEK FAMILY CARE, P.L.  
4119 OLD MILL COVE TRAIL EAST  
JACKSONVILLE, FL 32277

SUBJECT: MILL CREEK FAMILY CARE, P.L.  
REF: W05000001633

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**ARTICLES OF ORGANIZATION  
OF  
MILL CREEK FAMILY CARE, P.L.**

These Articles of Organization are submitted for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, as the same may from time to time be amended (the "Act").

**ARTICLE I - NAME**

The name of this limited liability company (the "Company") is **Mill Creek Family Care, P.L.**

**ARTICLE II - ADDRESS**

The address of the principal office and mailing address of this Company is 4119 Old Mill Cove Trail East, Jacksonville, Florida 32277.

**ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of this Company is 4119 Old Mill Cove Trail East, Jacksonville, Florida 32277, and the name of its initial registered agent at such address is Traci Bragg.

**ARTICLE IV - MANAGEMENT OF THE COMPANY**

The Company is to be managed by one or more managers and is, therefore, a manager-managed company.

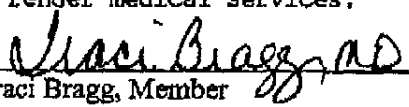
**ARTICLE V - LIMITED LIABILITY**

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

IN WITNESS WHEREOF, the undersigned, being a Member of the Company, has executed these Articles of Organization this 10<sup>th</sup> day of January, 2005. 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.

**ARTICLE VI - PURPOSE**

The purpose of the Company is to render medical services.

  
Traci Bragg, Member

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the below named limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is:

**Mill Creek Family Care, P.L.**

2. The name and address of the registered agent and office are:

**4119 Old Mill Cove Trail East  
Jacksonville, Florida 32277**

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.

Dated: 1/10/05

Signature of Registered Agent

Traci Bragg, MD  
Traci Bragg

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