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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

WEST TAMPA MEDICAL CENTER, LLC

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

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OK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I Name:**

The name of the Limited Liability Company is:

WEST TAMPA MEDICAL CENTER, LLC**ARTICLE II- Address:**

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

3202 COLWELL AVE., #2303, TAMPA, FL 33614**ARTICLE III Registered Agent, Registered Office, & Registered Agent's Signature:**

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

MARIA E. CRUZ

Name

3202 COLWELL AVE., #2303

Florida Street Address

TAMPA, FL 33614

City, State and ZIP

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.



Signature/Registered Agent

1-13-

Date

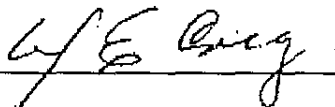
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Article IV Management (Check box if applicable.)

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

(An additional article must be added if an effective date is requested)



Signature of a member or an authorized representative of a member.

(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.)

MARIA E. CRUZ

Typed or printed name of signer