

Jan-10-2006 02:28pm

From: DAVID WILLIAMS, LAW FIRM, PA

302-575-0925

T-167

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From:

Account Name : AGENTS AND CORPORATIONS, INC  
Account Number : I20010000112  
Phone : (302) 575-0875  
Fax Number : (302) 575-0925

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Regional Medical LLC**

Certificate of Status	0
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is: Regional Medical LLC

### ARTICLE II - Address:

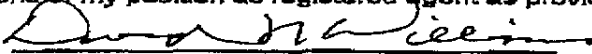
The mailing address and street address of the principal office of the Limited Liability Company is: 5701 Harborage Drive, Ft. Myers, FL 33808.

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Agents and Corporations, Inc.  
Suite E, 773 4<sup>th</sup> Avenue North  
Naples, FL 34102

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 808, F.S.

  
Registered Agent's Signature

### 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.

### ARTICLE V - Manager:

The initial Manager(s) of the Limited Liability Company shall be:

THOMAS H. WHITE



Signature of a member or an authorized representative of a member  
(In accordance with section 808.458(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

THOMAS H. WHITE  
Typed or printed name of signee

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