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From:

Account Name : HUBCO  
Account Number : 104562003400  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO**

**Lake City Medical Center Emergency Physicians, LLC**

Certificate of Status	1
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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: **Lake City Medical Center Emergency Physicians, LLC**

## ARTICLE II - Address

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

Principal Office Address:Mailing Address:3107 Stirling Road, Suite 1013107 Stirling Road, Suite 101Fort Lauderdale, FL 33312Fort Lauderdale, FL 33312

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

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

**CORPDIRECT AGENTS, INC.**

Name

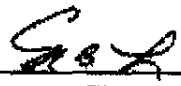
**515 East Park Avenue**

(P.O. Box or Mail Drop Box **NOT** Acceptable)

**Tallahassee, FL 32301**

(City / State / 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.*

  
Registered Agent's Signature - Ed Lary- Ass't Secretary

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**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRMJeffrey Schillinger- 3107 Stirling Road, Suite 101, Fort Lauderdale, FL 33312

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

Jeffrey Schillinger  
 Signature of a member or 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. )

Jeffrey Schillinger

Typed or printed name of signee

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