Florida Department of State Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

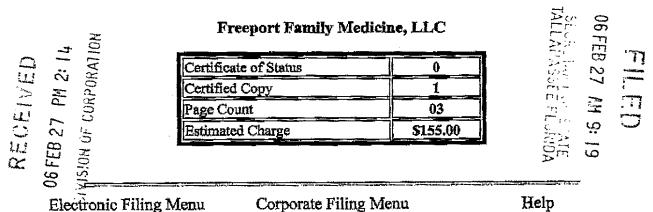
: (850)205-0383

From:

1 C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone (850)222-1092 : (850)878-5926 Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKIICLE I - Name:		
The name of the Limited Liability Company is:		
Freeport Family Medicine, LLC		
Must and with the words "Limited Liability Comp	eny, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:	
Principal Office Address:	Maillag Address:	
Out Park Plaza	One Park Plaza - Legal Department	
Mashville TN 17701	Markeville TN 27202	

ARTICLE IX - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or mother business entity with an active Florida registration.)

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

C T Corporation System
 Name
1200 South Pine Island Road
 Florida strest address (P.O. Box NOT acceptable)
 Plantation, Florida 33324
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..

C T Corporation System

JOAN BOLDEN

Registered Agent's Signature (REQUIRED) ASSISTANT SECRETARY

(CONTINUED)
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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:

. . .

MOR	A. Bruce Moore, Jr.
	One Park Pieza
	Nachville, TN 37203
MGR	R. Milton Johnson
	One Park Place
	Nazhville, TN 37203
MCR	Robert Samuel Hanking, Ir.
	One Park Piaza
	Nashville, TN 37203
Use attachment if necessary)	

REQUIRED SIGNATURE:

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

(in accordance with section 608,408(3), Florida Staintes, the execution of this document constitutes an affirmation under the penalties of parjury that the facts stated herein are true.)

Dora A. Blackwood, Authorized Representative of Member

Typed or printed name of signee

Filing Fors:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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