

L070000073736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

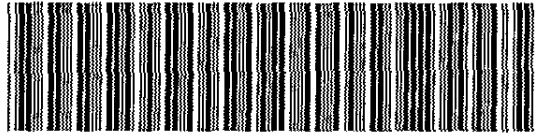
(Document Number)

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BK

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07/17/07--01047--023 \*\*125.00

RECEIVED  
07 JUL 17 PM 12:38  
CLERK OF SUPERIOR COURT  
DIVISION OF REVENUE  
TALLAHASSEE, FLORIDA

FILED  
07 JUL 17 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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July 17, 2007

Secretary of State, Florida  
2661 Executive Circle Center  
Tallahassee FL 32301

FILED  
07 JUL 17 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 6978391 SO  
Customer Reference 1: none given  
Customer Reference 2:

Dear Secretary of State, Florida:

Please obtain the following:

EverRad, LLC (FL)  
Formation  
Florida

EverRad HMA Holdings, LLC (FL)  
Formation  
Florida

Port Charlotte HMA, Inc. (FL)  
Assumed Name - Filing - Port Charlotte Internal Medicine  
Florida

Port Charlotte HMA, Inc. (FL)  
Assumed Name - Filing - Peace River Women's Center  
Florida

PUNTA GORDA HMA, INC. (FL)  
Assumed Name - Filing - Charlotte Harbor Cardiac Surgical Associates  
Florida

PUNTA GORDA HMA, INC. (FL)  
Assumed Name - Filing - Luis Berrios, MD/Juan Torres, MD  
Florida

PUNTA GORDA HMA, INC. (FL)

Thank You!  
Connie  
222-1092

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EverRad HMA Holdings, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peggy O'Neil

(Name of Person)

Health Management Associates, Inc.

(Firm/Company)

5811 Pelican Bay Boulevard, Suite 500

(Address)

Naples, FL 34108

(City/State and Zip Code)

For further information concerning this matter, please call:

Peggy O'Neil

(Name of Person)

at ( 239 )

598-3131

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

EverRad HMA Holdings, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

5811 Pelican Bay Boulevard, Suite 500

Naples, FL 34108

**Mailing Address:**

5811 Pelican Bay Boulevard, Suite 500

Naples, FL 34108

**ARTICLE III - 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 another 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 street address (P.O. Box **NOT** acceptable)

Plantation FL 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

Barbara A Burke  
Registered Agent's Signature (REQUIRED)

Barbara A. Burke  
Special Assistant Secretary

(CONTINUED)

Page 1 of 2

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07 JUL 17 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

MGRM

Timothy R. Parry  
5811 Pelican Bay Boulevard, Suite 500  
Naples, FL 34108

MGRM

Robert E. Farnham  
5811 Pelican Bay Boulevard, Suite 500  
Naples, FL 34108

MGRM

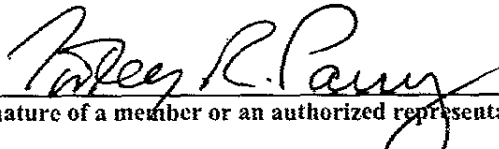
Gary S. Bryant  
5811 Pelican Bay Boulevard, Suite 500  
Naples, FL 34108

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



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.)

Timothy R. Parry

Typed or printed name of signer

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**