# Electronic Articles of Organization
# For
# Florida Limited Liability Company

L07000080422
FILED 8:00 AM
August 06, 2007
Sec. Of State
gmcleod

## Article I

The name of the Limited Liability Company is:

JARQUIN MEDICAL CENTER LLC

## Article II

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

205 A NORTH SCENIC HWY
FROST PROOF, FL. US 33843

The mailing address of the Limited Liability Company is:

2376 CHESTERFIELD CIRCLE
LAKELAND, FL. US 33813

## Article III

The purpose for which this Limited Liability Company is organized is:

MEDICAL OFFICE

## Article IV

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

CLAUDIA BERNARD
2376 CHESTERFIELD CIRCLE
LAKELAND, FL. 33813

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.

Registered Agent Signature: CLAUDIA BERNARD

L07000080422
FILED 8:00 AM
August 06, 2007
Sec. Of State
gmcleod

## Article V

The name and address of managing members/managers are:

Title: MGR
ALVARO J JARQUIN
2376 CHESTERFIELD CIRCLE
LAKELAND, FL. 33813 US

Title: MGR
CLAUDIA BERNARD
2376 CHESTERFIELD CIRCLE
LAKELAND, FL. 33813 US

## Article VI

The effective date for this Limited Liability Company shall be:

08/06/2007

Signature of member or an authorized representative of a member

Signature: PATTI MOSCOW