

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax and it number (shown below) on the top and bottom of all pages of the document.

(((H07000202696 3)))



H070002026963ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

FILED
07 AUG 10 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Tampa Bay Long Term Acute Care Hospital, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

RECEIVED

07 AUG 10 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tampa Bay Long Term Acute Care Hospital, 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:

One Park Plaza

Nashville, TN 37203

Mailing Address:

One Park Plaza - Legal Department

Nashville, TN 37203

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:

CT 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.

CT Corporation System

Connie Bryan

Registered Agent's Signature (REQUIRED)

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 AUG 10 AM 9:00

FILED

(CONTINUED)

Page 1 of 2

FL052 - 06/29/2007 CT System Online

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:

MGR

Mike Marks

31975 U.S. Highway 19 North

Palm Harbor, FL 34684

MGR

Sheila Maynor

31975 U.S. Highway 19 North

Palm Harbor, FL 34684

MGR

Don Haight

31975 U.S. Highway 19 North

Palm Harbor, FL 34684

MGR

Bob Murchesini

31975 U.S. Highway 19 North

Palm Harbor, FL 34684

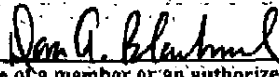
(Use attachment if necessary)

See Attachment A for Additional Manager

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.)

Dora A. Blackwood, Authorized Representative of Member

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)

Page 2 of 2

Attachment A

Tampa Bay Long Term Acute Care Hospital, LLC

ARTICLE IV - Additional Manager

<u>Title</u>	<u>Name and Address</u>
MGR	Ginger Mace 31975 U.S. Highway 19 North Palm Harbor, FL 34684

FILED
07 AUG 10 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA