Eivision of Corporation 00087644 Page 1 of 1

Florida Department of State

Division of Corporations Public Access System

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ELORIDA/FOREIGN LIMITED LIABILITY CO.

St. Lucie Medical Specialists, LLC

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A MARKET TO T AT			
ARTICLE I - Na The name of the L	me: .imited Liability Comp	pany is:	
	St. Lu	cie Medical Specialists, LLC	
(M		ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ac		f the principal office of the Limited Li	ability Company is:
Principal Office	Address:	Mailing Address:	
One Park Plaza	<u> </u>	Oue Park Plaza - Legal Departmen	.
Nashville, TN 37203		Nashville, TN 37203	
business entity with an	active Florida registration.) Florida street address (CTC	wn Registered Agent. You must designate an individual of the registered agent are: corporation System Name uth Pine Island Road	COURT OF STREET, STREE
	Florida s	treet address (P.O. Box NOT acceptable)	
		ntation p1 33324 State, and Zip	
tiability compa registered agent a statutes relating	ny at the place designa nd agree to act in this c to the proper and comp gations of my position o	and to accept service of process for the sted in this certificate, I hereby accept the sapacity. I further agree to comply with olete performance of my duties, and I am as registered agent as provided for in C Corporation System	te appointment as the provisions of all familiar with and hapter 608, F.S.
•	Registered Agent'	ş Signature (REQUIRED)	AUG
	् की में लेकिन हो है। इस है है है है है	NATURAL CONTRACTOR CON	27
	2415-4-164 3 414-42		
	•	NTINUED)	AH 8:

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98:21 2002/27/80 8202224018

I will the following the little of

Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member A. Bruce Moore, Jr. MGR One Park Plaza Nashville, TN 37203 R. Milton Johnson MGR One Park Plaza Nashville, TN 37203 R. Samuel Hankins, Jr. MGR One Park Plaza Nashville, TN 37203 (Use attachment if necessary) (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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.)

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

(In accordance with section 608.408(3), Plorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Dora A. Blackwood, Authorized Representative of Member Typed or printed name of signee

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

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

Filing Fees:

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

5 5.00 Certificate of Status (Optional)

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that the facts stated herein are true.)