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Florida Department of State
 Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Poinciana HMA, LLC

Certificate of Status	1
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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

[Handwritten signature]

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Poinciana HMA, 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:

Mailing Address:

5811 Pelican Bay Boulevard, Suite 500

Same

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:

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

Peter F. Souza

Registered Agent's Signature (REQUIRED) **Assistant Secretary**

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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Ann M. Barnhart

40100 US Highway 27

Davenport, Florida 33837

MGRM

Timothy R. Parry

5811 Pelican Bay Boulevard, Suite 500

Naples, Florida 34108

MGRM

Gary S. Bryant

5811 Pelican Bay Boulevard, Suite 500

Naples, Florida 34108

MGRM

Kathleen K. Holloway

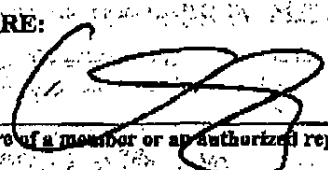
5811 Pelican Bay Boulevard, Suite 500

Naples, Florida 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.)

Kathleen K. Holloway

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)

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