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DIVISION OF CORPORATIONS
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J. BRYAN

JAN 18 2008

EXAMINER

Manatee County Rural Health Services, Inc.

January 14, 2008

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This letter accompanies the articles of incorporation for GULFCOAST IPA, LLC submitted for your approval. These articles are submitted by Ray Fusco for the managing partner Manatee County Rural Health Services, Inc. Mr. Fusco may be reached at the following address and phone numbers:

Parrish Family Health Center
12214 US Hwy 301 N.
PO Box 499
Parrish, FL 34219

Office phone: (941) 721-2021
Cell phone: (941) 812-0894

Sincerely:



Ray Fusco
VP/COO Manatee County Rural Health SVCS

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DIVISION OF CORPORATIONS
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Parrish Family Health Center
12214 US Hwy 301 N, PO Box 499
Parrish, FL 34219

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GULFCOAST IPA, 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:

RAY FUSCO

(Name of Person)

MANATEE COUNTY RURAL HEALTH SERVICES

(Firm/Company)

P O BOX 499

(Address)

PARRISH FLORIDA 34219

(City/State and Zip Code)

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For further information concerning this matter, please call:

RAY FUSCO at (941) 721-2020
(Name of Person) (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:

GULFCOAST IPA, 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:

12271 US HIGHWAY 301 NORTH

Mailing Address:

POST OFFICE BOX 499, PARRISH FL 34219

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:

James E Thomison, Esquire, Walters Levine Klingensmith & Thomison, PA

Name

1800 2nd Street, Suite 808

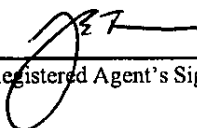
Florida street address (P.O. Box **NOT** acceptable)

Sarasota, FL 34236 FL

City, State, and Zip

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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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

Manatee County Rural Health Services, Inc.

P O BOX 499

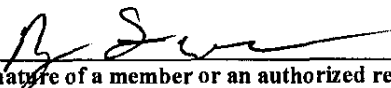
PARRISH FLORIDA 34219

(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.)

RAY FUSCO, COO MCRHS

Typed or printed name of signee

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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