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Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

Fax Number : (516) 935-3088

Resubmit

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Memorial of Tampa Emergency Physicians, LLC

Certificate of Status	1
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EXAMINER

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ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is: Memorial of Tampa Emergency Physicians, 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:		
2901 Swann Avenue	c/o EDCare Management Inc.		_
Tampa. FL 33609	3107 Stirling Road, Suite 300	·	_
•	Fort Landerdale, FL 33312	·····	
ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature he name and Florida street address of the registered agent are:		08 JUL -2	SECRETAR DIVISION OF
	CORPDIRECT AGENTS, INC.	Æ	80
	Name	<u> </u>	
	515 East Park Avenue	á	
	(P.O. Box or Mail Drop Box NOT Acceptable)	•	Ö.
	Tallahassee, FL 32301		
	(City / State / 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.

Registered Agent's Signature Ricky Soto-Ass't 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:

Tue: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	EDCarr Management Inc 3107 Stirling Road, Suite300 Ft. Lauderdale, FL 33312	_
(Use attachment if necessary)		
required signature:		

Signature of a member of sulphrized representative of a member.

(In accordance with section 608.468(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jeffrey Schillinger, President - EDCare Management Inc.

Typed or printed name of signes