

# W08000109711

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813) 229-7600  
Fax Number : (813) 229-1660

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Sandalwood Healthcare Consulting LLC**

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION  
SANDALWOOD HEALTHCARE CONSULTING, LLC**

**ARTICLE I – Name:**

The name of the Limited Liability Company is Sandalwood Healthcare Consulting, LLC.

**ARTICLE II – Addresses:**

The mailing address of the principal office of the Limited Liability Company is:

P.O. Box 499  
Lithia, FL 33547

The street address of the principal office of the Limited Liability company is:

6116 Gannetdale Dr.  
Lithia, FL 33547

**ARTICLE III – Management:**

The LLC will be managed by a single member, whose name and address are:

Randall L. Hebblethwaite  
P.O. Box 499  
6116 Gannetdale Dr.  
Lithia, FL 33547

IN WITNESS WHEREOF, I have signed these Articles of Organization as a member and acknowledged them to be my act this 21 day of November 2008.



\_\_\_\_\_  
Signature of a 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.)

\_\_\_\_\_  
C. Philip Campbell, Jr.

Typed or printed name of signee

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is Sandalwood Healthcare Consulting, LLC.
2. The name and the Florida street address of the registered agent are:

C. Philip Campbell, Jr.  
Shumaker, Loop & Kendrick, LLP  
101 East Kennedy Blvd., Suite 2800  
Tampa, Florida 33602

*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.*



---

C. Philip Campbell, Jr.  
Registered Agent

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