

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L09000023046  
FILED 8:00 AM  
March 09, 2009  
Sec. Of State  
btadlock

**Article I**

The name of the Limited Liability Company is:  
NORTH FLORIDA ACUTE CARE, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
12856 WINTHROP COVE DRIVE  
JACKSONVILLE, FL. 32224

The mailing address of the Limited Liability Company is:  
12856 WINTHROP COVE DRIVE  
JACKSONVILLE, FL. 32224

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
C RANDOLPH COLEMAN  
9250 BAYMEADOWS ROAD, SUITE 450  
JACKSONVILLE, FL. 32256

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.

Registered Agent Signature: C RANDOLPH COLEMAN

## **Article V**

The name and address of managing members/managers are:

Title: MGRM  
MICHAEL J SEESE  
12856 WINTHROP COVE DRIVE  
JACKSONVILLE, FL. 32224

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Signature of member or an authorized representative of a member

Signature: C RANDOLPH COLEMAN