

L090000 46966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

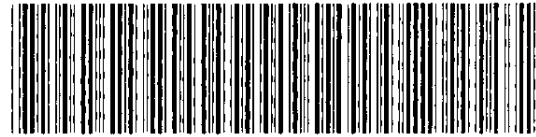
(Business Entity Name)

(Document Number)

Number of Copies _____ Certificates of Status _____

Instructions to Filing Officer:

Office Use Only



100155889491

RECEIVED
09 MAY 14 PM 1:44
OFFICE OF THE SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 MAY 14 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAY 14 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 993941 4312787

AUTHORIZATION :

Spencer

COST LIMIT : \$ 155.00

ORDER DATE : May 14, 2009

ORDER TIME : 10:52 AM

ORDER NO. : 993941-005

CUSTOMER NO: 4312787

FILED
09 MAY 14 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: CORAL GABLES NEUROSURGICAL
PHYSICIANS, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
FOR
CORAL GABLES NEUROSURGICAL PHYSICIANS, LLC**
a Florida limited liability company

ARTICLE I - NAME

The name of the Limited Liability Company is:

CORAL GABLES NEUROSURGICAL PHYSICIANS, LLC

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is 6855 Red Road, Suite 600, Coral Gables, Florida 33143.

ARTICLE III - DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - MANAGEMENT

The Limited Liability Company shall be managed by its Managers. The initial Managers of the Limited Liability Company and their addresses are:

Lincoln S. Mendez	5000 University Drive Coral Gables, Florida 33146
Ralph E. Lawson	6855 Red Road, Suite 600 Coral Gables, Florida 33143
Wendy Greenleaf	6855 Red Road, Suite 600 Coral Gables, Florida 33143

ARTICLE IV - MEMBER

The sole Member of the limited liability company is Baptist Health South Florida, Inc., a Florida not-for-profit corporation, whose address is 6855 Red Road, Suite 600, Coral Gables, Florida 33143.

ARTICLE V - REGISTERED AGENT AND OFFICE

The name and address of the initial registered agent of the Limited Liability Company is:

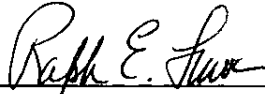
David R. Friedman, Esq.
6855 Red Road, Suite 600
Coral Gables, Florida 33143

FILED
09 MAY 14 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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.)

Dated this 12th day of May, 2009.

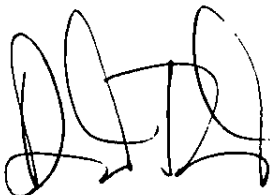
BAPTIST HEALTH SOUTH FLORIDA, INC.,
a Florida not-for-profit corporation

By: 
RALPH E. LAWSON, Executive Vice
President

REGISTERED AGENT'S ACCEPTANCE

Having been named to accept service of process for the above-named Limited Liability Company, at the place designated in the foregoing Articles of Organization pursuant to the provisions of Section 608.415, Florida Statutes, 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, Florida Statutes.

Dated: May 12, 2009


DAVID R. FRIEDMAN, ESQ.
Registered Agent