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To:

Division of Corporations

Fax Number : (850) 617-6383

from:

: LAZARUS CORPORATE FILING SERVICE, Account Name

Account Number : I2000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

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9

FLORIDA LIMITED LIABILITY CO. CONTINENTAL MEDICAL CENTER LLC

Certificate of Status

0

Certified Copy

1

Page Count

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Estimated Charge

\$155.00

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JUN - 1 2010

EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
CONTINENTAL MEDICAL CENTER LLC
(Must end with the words "Limited Liability Company, "L.J., 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: Mailing Address:
1217 C SOUTH WILLTSRY Troil SAME IN EST POLM BRACH, FLIBRY
WEST POIN BRACH, FI 3340 SAME SIS
2051 451111 Textact 1 1 1 1 2 5 6 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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 onlity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
RICARDO R. MARTINEZ
Name
1217 e South military troil
Florida street address (P.O. Box NOT acceptable)
West PAIM BEACH, II 33415
City, State, and 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

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 of registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
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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:

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGZM	RICARDO A. Martinez	
	1217-C SOUTH MILITARY TIGHL WEST PALM BRACH FL 33415	
1100		
MGZ	GIOTLIA ARANGO	
	1217-C SOUTH MIGITARY TRAIL WEST PALM BEACH FL 33415	
MG R	GlOTIA MOHAR.	
	1217-C SOUTH MILITARY TRAIL	
	WEST PALM BEACH FR 38415	
MGZ	KICSROOR HORNINERS	
	WEST PALM BEACH PE 033495	
	me - 12	
(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:	002104	
	000/1/06/2	
Signature of a member	or an authorized representative of a member.	
(In accordance with section 608.408(3), Florida Statutes, the execution		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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Typed or printed name of signee