

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : BEGGS & LANE
Account Number : I20020000155
Phone : (850) 432-2451
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA LIMITED LIABILITY CO.
PERDIDO MEDICAL PARK, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

C. LEWIS

MAR 18 2011

EXAMINER

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I – Name

The name of the Company is Perdido Medical Park, LLC

ARTICLE II – Address

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

801 West Romana Street
Pensacola, Florida 32501

ARTICLE III – Duration

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

ARTICLE IV – Management

The Limited Liability Company is to be managed by its Managers in accordance with the company's operating agreement.

ARTICLE V – Registered Agent

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

William H. Mitchem
Beggs & Lane, RLLP
501 Commendencia Street
Pensacola, Florida 32502

Dated

3/16/11



William H. Mitchem, Authorized
Representative of the Member

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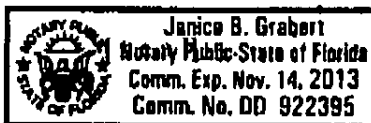
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STATE OF FLORIDA
COUNTY OF ESCAMBIA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The foregoing Articles of Organization was subscribed and sworn to before me by William H. Mitchem, as an authorized representative of a Member, on March 16, 2011; William H. Mitchem is personally known to me.



Janice B. Grabert
Notary Public

REGISTERED AGENT ACCEPTANCE

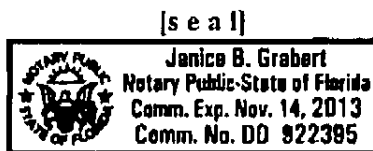
Having been named as registered agent and to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of Section 608.415, Florida Statutes, I hereby accept the appointment as registered agent and agree to act in 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.

3/16/11
Dated

William H. Mitchem
William H. Mitchem

STATE OF FLORIDA
COUNTY OF ESCAMBIA

The foregoing Registered Agent Accepted and was subscribed and sworn to before me by William H. Mitchem on March 16, 2011; William H. Mitchem is personally known to me.



Janice B. Grabert
Notary Public

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