

Mar. 24. 2011 2:25PMns

L11000035805

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000078270 3)))



H110000782703ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

11067 (Excel)

From:

Account Name : WILLIAMS SCHIFINO MANGIONE & STEADY, P.A.
Account Number : I20000000216
Phone : (813) 221-2626
Fax Number : (813) 221-7335

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mark.gerenger@gmail.com

RECEIVED

11 MAR 24 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
JFK MEDICAL CENTER DEVELOPMENT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR 24 AM 9:14

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

J. BRYAN

MAR 25 2011

STATE OF FLORIDA
ARTICLES OF ORGANIZATION
OF
LIMITED LIABILITY COMPANY

The undersigned, an authorized natural person, for the purpose of forming a limited liability company under the provisions and subject to the requirements of the State of Florida, particularly Chapter 608, Title XXXVI of the Florida Statutes and the acts amendatory thereof and supplemental thereto, and known, identified and referred to as the "Florida Limited Liability Company Act", hereby certifies that:

ARTICLE I — Name

The name of the limited liability company (hereinafter referred to as the "Company") is:

JFK MEDICAL CENTER DEVELOPMENT, LLC

ARTICLE II — Address

The street address of the principal office and the mailing address of the Company is:

3922 Premier North Drive
Tampa, Florida 33618

ARTICLE III — Registered Agent

The initial registered agent of the Company is Lina Angelici, Esq., and the address of the office of the initial registered agent of the Company is: c/o Williams Schifino Mangione & Steady, P.A., One Tampa City Center, Suite 3200, Tampa, Florida 33602. By its signature at the end of these Articles, such person acknowledges acceptance of its responsibilities as registered agent of the Company.

FILED
11 MAR 24 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV — Term of the Company

The term of the Company shall commence upon the acceptance of the filing of these Articles by the Florida Secretary of State, and shall continue in perpetuity, unless sooner dissolved as provided in the Company's operating agreement or by operation of law.

ARTICLE V — Management

The Company is to be managed by a manager or managers, and is therefore a manager-managed limited liability company. The manager or managers of the Company shall at all times comply and shall cause the Company to comply with each of the covenants, terms and provisions contained in these Articles and any amendments hereto, the Company's operating agreement, and/or such other document(s) governing the formation, management or operation of the Company, if any.

Signature Page Follows.

FILED
11 MAR 24 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mar. 24. 2011 3:26PM

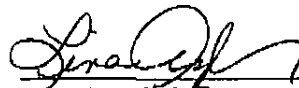
No. 1732 P. 4/5
(((H11000078270 3)))

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 24th day of March, 2011.



Lina Angelici, Esq.
As Authorized Representative

In accordance with Section 608.408(3) of the Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Lina Angelici, Esq.
As Authorized Representative
March 24, 2011

FILED

11 MAR 24 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

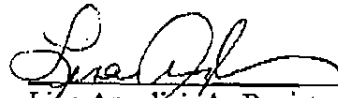
Mar. 24. 2011 3:26PM

No. 1732. P. 5/5
(((H11000078270 3)))

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

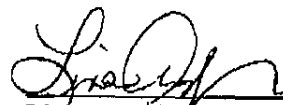
I hereby accept the designation as registered agent to accept service of process for JFK MEDICAL CENTER DEVELOPMENT, LLC at the place designated in this statement below. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent under Chapter 608 of the Florida Statutes.

IN WITNESS WHEREOF, I have signed this Statement Accepting Appointment as Registered Agent effective as of the 24th day of March, 2011.



Lina Angelici, As Registered Agent
Williams Schifino Mangione & Steady, P.A.
One Tampa City Center, Suite 3200
Tampa, Florida 33602

In accordance with section 608.408(3) of the Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true to the best of my knowledge and belief.



Lina Angelici, As Registered Agent
Williams Schifino Mangione & Steady, P.A.
One Tampa City Center, Suite 3200
Tampa, Florida 33602
March 24, 2011

FILED
11 MAR 24 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JFKMedical/Article 608.408(3) 270741

(((H11000078270 3)))