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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Haven Medical Group, LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

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NEW FILINGS

☐ Profit

☐ Not for Profit

☒ Limited Liability

☐ Domestication

☐ Other

AMENDMENTS

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

Examiner's Initials

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HAVEN MEDICAL GROUP, LLC

ARTICLES OF ORGANIZATION

The undersigned, desiring to form a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, does hereby adopt the following Articles of Organization:

ARTICLE I. NAME

The name of the limited liability company is Haven Medical Group, LLC (the "Company").

ARTICLE II. ADDRESS

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

4200 NW 90th Blvd.
Gainesville, Florida 32606

ARTICLE III. REGISTERED AGENT AND OFFICE

The Company designates 4300 NW 89th Blvd., Gainesville, Florida 32606 as the street address of the initial registered office of the Company and names Steven M. Ziegler as the Company's initial registered agent at that address to accept service of process within this state.

ARTICLE IV. RESERVED POWERS

Notwithstanding anything to the contrary herein or in the Company's Operating Agreement, the Company shall not take any of the following actions without the prior approval of the board of directors of North Central Florida Hospice, Inc., a Florida not-for-profit corporation, and the prior approval of the board of directors of SantaFe HealthCare, Inc., a Florida not-for-profit corporation:

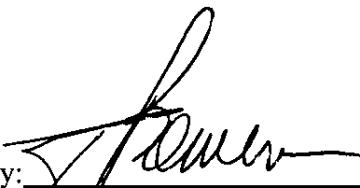
1. Adopt or amend any annual or long term capital or operational budget;
2. Enter into any contract or other transaction which is not provided for in a previously adopted annual or long term capital or operational budget, where the amount of proposed expenditure exceeds one percent (1%) of the current annual operating budget or which requires the Company to engage in any financing;
3. Adopt or change any long term or master institutional plans of the Company, including the implementation of new programs and services;
4. Engage in, or enter into, any transaction requiring a Certificate of Need;

5. Adopt any plan of sale, dissolution, merger, or consolidation of the Company or the disposition of any of the Company's assets;
6. Enter into any contract, transaction, or other agreement which requires the grant of a security interest, guaranty, mortgage, or other interest in the revenues or property, plant and equipment of the Company;
7. Adopt, alter, or change any plan of insurance for the Company;
8. Authorize the organization or acquisition of, or organize or acquire, any subsidiary or affiliate of the Company ("affiliate" shall include any corporation, association, partnership, limited liability company, trust, joint venture, or other entity which directly or indirectly controls, is controlled by, or is commonly controlled with the Company);
9. Authorize the employment or appointment of an auditor for the Company;
10. Exercise any powers of the Company to approve actions or elect directors or officers of other entities; or
11. Select any person to serve as a manager of the Company.

ARTICLE V. AMENDMENTS

These Articles of Organization may be amended with the prior approval of the board of directors of North Central Florida Hospice, Inc. and the prior approval of the board of directors of SantaFe HealthCare, Inc.

Dated this 13 day of April, 2011.

By: 

Timothy J. Bowen
as it Authorized Representative

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the limited liability company is Haven Medical Group, LLC.
2. The name and address of the registered agent and office are:

Steven M. Ziegler
4300 NW 89th Blvd.
Gainesville, Florida 32606

By: 

Timothy J. Bowen
as its Authorized Representative

ACKNOWLEDGMENT:

Having been named to accept service of process for the limited liability company named above, at the place designated in this certificate, I accept the appointment as registered agent and agree to act in that 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.


Steven M. Ziegler
Registered Agent

Dated: April 13, 2011