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To:

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

From:

Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.
Account Number : 076077003231
Phone : (561) 650-0471
Fax Number : (561) 650-0431

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FLORIDA LIMITED LIABILITY CO.
Forsyth Medical Complex, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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EXAMINER

**ARTICLES OF ORGANIZATION
OF
FORSYTH MEDICAL COMPLEX, LLC**

A Florida Limited Liability Company

The undersigned hereby acknowledges these Articles of Organization for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, Chapter 608, Laws of Florida.

ARTICLE I

Name

The name of the Limited Liability Company is Forsyth Medical Complex, LLC.

ARTICLE II

Address

The mailing address and street address of the principal office of the Limited Liability Company is 319 Clematis Street, Suite 1008, West Palm Beach, FL 33401.

ARTICLE III

Registered Agent and Registered Office

The name and the Florida street address of the Registered Agent are

Jones Foster Service, LLC
505 South Flagler Drive
Suite 1100
West Palm Beach, FL 33401

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ARTICLE IV

Management

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The name and address of the initial

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manager is David F. Cash, 319 Clematis Street, Suite 1008, West Palm Beach, FL 33401.

ARTICLE V

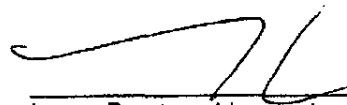
Commencement

The Limited Liability Company shall commence its existence upon filing with the Secretary of State of the State of 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.

Date: _____

12/2/11



Larry Benton Alexander, Jr.
(Signature of a member or an
authorized representative of a member)

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**CERTIFICATE DESIGNATING PLACE OF
BUSINESS OR DOMICILE FOR THE SERVICE
OF PROCESS WITHIN THIS STATE, NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED**

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

That Forsyth Medical Complex, LLC, desiring to organize under the laws of the State of Florida, has named Jones Foster Service, LLC, located at the Registered Office of the Limited Liability Company at 505 South Flagler Drive, Suite 1100, West Palm Beach, FL 33401, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGMENT:

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 as Registered Agent as provided for in Chapter 608, F.S.

JONES FOSTER SERVICE, LLC

By: _____

Larry B. Alexander, Jr., Manager

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