

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 : BRANT, ABRAHAM, REITER & MCCORMICK, P.A.  
Account Number : I20040000043  
Phone : (904) 358-2750  
Fax Number : (904) 353-1166

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

Email Address: jdmcormick@barmjlaw.com

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FLORIDA LIMITED LIABILITY CO.  
St. Augustine Medical Center, LLC

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION  
OF  
St. Augustine Medical Center, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statutes Chapter 608 (the "Act"), hereby makes, acknowledges, and files the following Articles of Organization.

**ARTICLE I - NAME**

The name of the limited liability company shall be St. Augustine Medical Center, LLC (the "Company").

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Company is 3900 University Boulevard South, Jacksonville, Florida 32216.

**ARTICLE III - DURATION**


The Company shall commence its existence upon the filing of these Articles by the Department of State. The Company's existence shall be perpetual unless the Company is sooner terminated as provided in the Operating Agreement of the Company, if any, or as provided under applicable law.

**ARTICLE IV - REGISTERED OFFICE AND AGENT**

The name and street address of the registered agent of the Company in the state of Florida is Brant, Abraham, Reiter, McCormick & Johnson, P.A., 50 North Laura Street, Suite 2750, Jacksonville, Florida 32202.

**IN WITNESS WHEREOF**, the undersigned authorized representative has made and subscribed these Articles of Organization for the foregoing uses and purposes.

Executed by the undersigned organizer on the 19 day of January, 2012.

  
Jan D. McCormick  
Authorized Representative

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Jan D. McCormick  
FL Bar No. 615838  
Brant Abraham Reiter McCormick & Johnson, P.A.  
50 North Laura Street, Suite 2750  
Jacksonville, FL 32202  
(904) 358-2750

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**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

Under the provisions of Florida Statutes §608.415, St. Augustine Medical Center, LLC, submits the following statement to designate a registered office and registered agent in the State of Florida:

1. The name of the limited liability company is St. Augustine Medical Center, LLC
2. The name and street address of the registered agent in Florida is:

Brant, Abraham, Reiter, McCormick & Johnson, P.A.  
50 North Laura Street, Suite 2750  
Jacksonville, Florida 32202

The undersigned, being the person named in the Articles of Organization of St. Augustine Medical Center, LLC, as the registered agent of this limited liability company, hereby consents to accept service of process for the above-stated Company at the place designated in the Articles of Organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his or her duties, and is familiar with and accepts the obligations of the position of registered agent.

Brant, Abraham, Reiter, McCormick &  
Johnson, P.A.

By:

  
Jan D. McCormick

Its:

Vice President

"Registered Agent"

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TALLAHASSEE, FLORIDA

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