

# L12000074563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

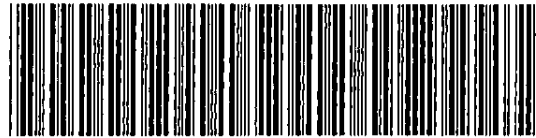
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400235671634

RECEIVED

12 JUN -4 PM 4: 04

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

12 JUN -4 AM 9: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

JUN -5 2012

EXAMINER

**CSC**

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 227881 7860971

AUTHORIZATION: *Spokane*

COST LIMIT : \$ 155.00

ORDER DATE : June 4, 2012

ORDER TIME : 2:23 PM

ORDER NO. : 227881-005

CUSTOMER NO: 7860971

DOMESTIC FILING

NAME: ACCOUNTABLE CARE COALITION OF  
NORTH CENTRAL FLORIDA - SOUTH,  
LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ~~PLAIN STAMPED COPY~~ *Certified copy please. sm.*

CONTACT PERSON: Stephanie Milnes - EXT. 2920

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Accountable Care Coalition of North Central Florida - South, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul D. Jernigan, Esq.

Name of Person

Collaborative Health Systems, LLC

Firm/Company

4888 Loop Central Drive, Suite 700

Address

Houston, Texas 77081

City/State and Zip Code

Paul.Jernigan@CollaborativeHS.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul D. Jernigan, Esq.

Name of Person

at ( 713 )

843-6725

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Accountable Care Coalition of North Central Florida - South, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

1001 Heathrow Park Lane, Suite 5001  
Lake Mary, Florida 32746

**Mailing Address:**

1001 Heathrow Park Lane, Suite 5001  
Lake Mary, Florida 32746

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301

City, State, and Zip

FILED  
12 JUN -4 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

Stephanie Milnes Stephanie K. Milnes  
Assistant Vice President

(CONTINUED)

FILED

12 JUN -4 AM 9: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Collaborative Health Systems, LLC

4888 Loop Central Drive, Suite 700

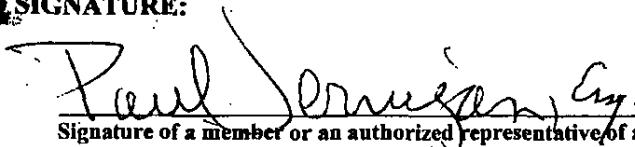
Houston, Texas 77081

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Paul D. Jernigan, Esq. (General Counsel & Secretary)

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**