

U200082873

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.

((H12000166266 3)))



H120001662663ABC/

**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

From:

Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800)494-3124  
Fax Number : (561)455-9885

12 JUN 22 AM 8:23

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**

**The Ocala Birth Center LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

12 JUN 22 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

JUN 25 2012

EXAMIN

Electronic Filing Menu

Corporate Filing Menu

Help

H12000166266 3

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

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

THE OCALA BIRTH CENTER LLC

**ARTICLE II ADDRESS**

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

5455 SE MARICAMP ROAD

OCALA, FLORIDA 34480

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

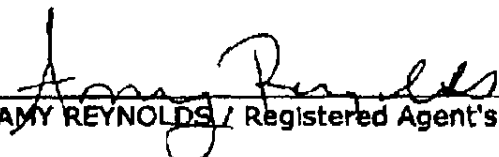
AMY REYNOLDS

5381 NE 20TH AVENUE

OCALA, FLORIDA 34479

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUN 22 AM 9:23

Having been named as registered agent 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.

X   
AMY REYNOLDS / Registered Agent's signature

H12000166266 3

H12000166266 3

PAGE 2 THE OCALA BIRTH CENTER LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS**

MANAGING MEMBER

AMY REYNOLDS LM, CPM

5381 NE 20TH AVENUE

OCALA, FLORIDA 34479

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
12 JUN 22 AM 9 23

.....  


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.

AMY REYNOLDS

H12000166266 3