

# L12000111615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

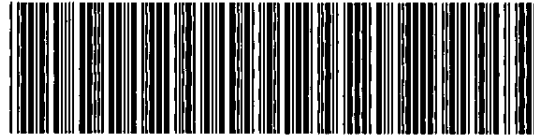
(Business Entity Name)

(Document Number)

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

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N. Culligan AUG 30 2012

Greenberg Traurig, P.A.

Requester's Name

Address

City/State/Zip

Phone #

Please call June at 222-6891 when ready.  
Thank you!

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

1. Palm Accountable Care Organization, LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

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☒ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☒ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

**Examiner's Initials**



BOCA RATON  
REGIONAL HOSPITAL

**VIA HAND DELIVERY**

August 28, 2012

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

Re: Palm Accountable Care Organization, LLC

Dear Sir or Madam:

In connection with the formation of the above limited liability company we have enclosed the following:

- 1) Two (2) signed copies of the Articles of Organization of Palm Accountable Care Organization, LLC, including the signed Certificates of Designation of Registered Agent.
- 2) A check in the amount of \$160.00, payable to the Florida Department of State, to cover the \$125.00 filing fee, \$30.00 certified copy, and \$5 certificate of status fee.

Please endorse your approval of the Articles of Organization on the duplicate copy and return it to my attention at your earliest convenience. In the interim, please feel free to contact me at 561.955.4802 should you have any questions.

Sincerely,

Alexander D. Erencia  
Vice President and General Counsel

**ARTICLES OF ORGANIZATION**

**OF**

**PALM ACCOUNTABLE CARE ORGANIZATION, LLC**

FILED

12 AUG 29 AM 9:45

The undersigned, a Florida corporation, and being authorized to execute and file these Articles, forms a limited liability company pursuant to the laws of the State of Florida, and certifies that:

**ARTICLE I - NAME:** The name of the limited liability company (the "Company") is:

**"PALM ACCOUNTABLE CARE ORGANIZATION, LLC"**

**ARTICLE II - ADDRESS:** The principal office and mailing address of the Company in Florida is: 800 Meadows Road, Boca Raton, FL 33486.

**ARTICLE III - PURPOSE:** The purposes for which the company is formed are: (i) to perform, advance, and support the charitable, educational, and scientific missions of Boca Raton Regional Hospital, its affiliated entities, and the communities they serve; (ii) to advance the health of the communities the Company serves through the provision of quality and cost effective medical services; (iii) the ownership, management, leasing, operation, and participation with physician practices and medical facilities to provide these services; and (iv) all other lawful purposes for which limited liability companies may be organized under Chapter 608 of the Florida Limited Liability Company Act in accordance with the operating agreement governing the authority of its Member.

**ARTICLE IV - REGISTERED AGENT:** The name and address of the initial resident agent of the Company is: Alexander D. Eremia, 800 Meadows Road, Boca Raton, FL 33486.

**ARTICLE V - MANAGEMENT:** The name and address of the Member is:

Boca Raton Regional Hospital, Inc.  
Attn: Jerry Fedele, President and CEO  
800 Meadows Rd  
Boca Raton, FL 33486

**ARTICLE VI - EFFECTIVE DATE/DURATION:** This Company's existence shall commence upon the filing of these Articles of Organization with the Secretary of State and shall continue in perpetuity unless otherwise dissolved, merged or converted pursuant to Florida law.

**IN WITNESS WHEREOF,** the undersigned Member or an authorized representative of the Member have executed these Articles of Organization on this 27<sup>th</sup> day of August, 2012.

**BOCA RATON REGIONAL HOSPITAL, INC.**

by

  
Jerry Fedele, President and CEO

*(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 Sec. 817.155, F.S.).*

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of Section 608.415 or 608.507 of the Florida Statutes, the undersigned limited liability company submits the following statement in designating the initial registered agent, in the State of Florida:

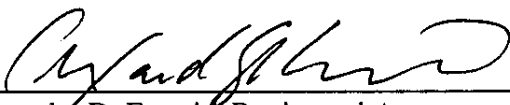
- 1) The name of the limited liability company is:

PALM ACCOUNTABLE CARE ORGANIZATION, LLC

- 2) The name and address of the registered agent is:

Alexander D. Eremia  
Vice President and General Counsel  
800 Meadows Rd.  
Boca Raton, FL 33486

*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.*

  
Alexander D. Eremia, Registered Agent

8/82/12  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA