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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6393

From:

Account Name : MACFARLANE FERGUSON & MCMULLEN (CLEARWATER)
Account Number : 071005001001
Phone : (727) 441-8966
Fax Number : (727) 442-8470

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

Email Address: flarc1w@macfar.com

FLORIDA LIMITED LIABILITY CO.
BAYCARE EMPLOYEE HEALTH CLINICS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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T. HAMPTON

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

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(850) 245-6051.

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: BAYCARE EMPLOYEE HEALTH CLINICS, 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:

J. MATTHEW MARQUARDT

Name of Person

MACFARLANE FERGUSON & MCMULLEN

Firm/Company

625 COURT STREET, SUITE 200

Address

CLEARWATER, FL 33756

City/State and Zip Code

flarclw@macfar.com

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

For further information concerning this matter, please call:

J. MATTHEW MARQUARDT at **727** **441-8966**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BAYCARE EMPLOYEE HEALTH CLINICS, 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:16255 BAY VISTA DRIVE
CLEARWATER, FL 33760**Mailing Address:**16255 BAY VISTA DRIVE
CLEARWATER, FL 33760**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:

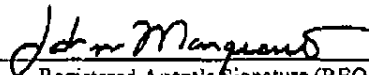
J. MATTHEW MARQUARDT

Name

625 COURT STREET, SUITE 200Florida street address (P.O. Box **NOT** acceptable)CLEARWATER, FL 33756

City, State, and Zip

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:MGRMCHS HEALTH SERVICES, INC.10701 Parkridge Blvd., Suite 200Reston, VA 20191MGRMBayCare Health System, Inc.8452 118th Avenue NorthLargo, FL 33773

(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.)

J. MATTHEW MARQUARDT, as Registered Agent

Typed or printed name of signer

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)

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