

L14000018151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

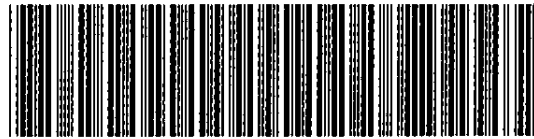
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2014

CARLTON FIELDS

SUBJECT: WEST CENTRAL FLORIDA HEALTH ALLIANCE, LLC
Ref. Number: W1400006182

We have received your document for WEST CENTRAL FLORIDA HEALTH ALLIANCE, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 514A00002058

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

Account Number FCA000000017

Date: 1-29-14

Requestor Name: Carlton Fields

Address: Post Office Drawer 190
Tallahassee, Florida 32302

Telephone: (850) 513-3619 - direct
(850) 224-1585

Contact Name: Kim Pullen, CP, FRP

Corporation Name: West Central Florida
Health Alliance, LLC

Email Address: _____

Entity Number: _____

Authorization: Kim Pullen

☐ Certified Copy

☒ New Filings

☐ Fictitious Name

☒ Plain Stamped Copy

☐ Amendments

☐ Certificate of Status

☐ Annual Report

☐ Registration

(X) Call When Ready

(X) Call if Problem

() After 4:30

(X) Walk In

() Will Wait

(X) Pick Up

ARTICLES OF ORGANIZATION
OF
WEST CENTRAL FLORIDA HEALTH ALLIANCE, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is WEST CENTRAL FLORIDA HEALTH ALLIANCE, LLC. (the "Company").

ARTICLE II - Address:

The mailing address and street address of the principal office of the Company is One Tampa General Circle, Tampa, FL 33606-3571.

ARTICLE III - Initial Registered Office and Agent:

The street address of the initial registered office of the Company is 100 S. Ashley Drive, Suite 400, Tampa, FL 33602, and the name of its initial registered agent at such address is CFRA~~yl~~.

ARTICLE IV - Duration and Purpose:

The period of duration for the Company shall be perpetual. The business of the Company is to promote public health and foster related activities that are consistent with the scientific, educational and charitable purposes of each Member.

ARTICLE V - Management:

The Company is a member-managed limited liability company and the names and addresses of the initial members are as follows:

Florida Health Sciences Center, Inc.
One Tampa General Circle
Tampa, FL 33606

Adventist Health System Sunbelt Healthcare Corporation
900 Hope Way
Altamonte Springs, FL 32714

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SUNBELT HEALTHCARE
ALLIANCE, FLORIDA

ARTICLE VI - Admission of Additional Members:

Members shall have the right to admit additional members as provided by the Florida Limited Liability Company Act and the Operating Agreement.

ARTICLE VII - Members' Rights to Continue Business:

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any member shall not cause the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event, the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.

ARTICLE VIII-Transferrable Interest

A member may not transfer, in whole or in part, a transferable interest to a third party. A transfer of a transferable interest in violation of this restriction on transfer shall be ineffective.

MEMBERS:

FLORIDA HEALTH SCIENCES
CENTER, INC., a Florida not-
for-profit corporation

By: James R. Burkhardt
Name: James R. Burkhardt
Title: President + CEO

ADVENTIST HEALTH SYSTEM
SUNBELT HEALTHCARE CORPORATION
a Florida not-for-profit
Corporation

By: Michael L. Schulte
Name: Michael L. Schulte
Title: President / CEO
West Florida Region

CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by the 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 the obligations of my position as a registered agent.

Dated this 29th day of January 2014.

REGISTERED AGENT:

CFRA, LLC

By: _____

James J. Kennedy, III, its Authorized Agent

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA