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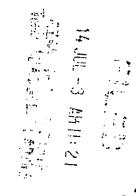
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SERVICES JUL 0 3 2014

COVER LETTER

Division of Corporations	
SUBJECT: The Go	Name of Limited Liability Company
The enclosed Articles of Organizat	ion and fee(s) are submitted for filing.
Please return all correspondence co	incerning this matter to the following:
Summer Demetrius	
	Name of Person
The Good Shepherd	Medical Center LLC Firm/Company
	гиписопрану
9113 Ridge Rd, STE	
	Address
New Port Richey, FL	
	City/State and Zip Code
admin@thegoodshepherdsl E-mail add	especenter.com lress: (to be used for future annual report notification)
For further information concerning	
O marine Brown Mr.	
Summer Demetrius Name of Person	at (727) 807-6969 Area Code Daytime Telephone Number
	- Layand Colophone Manager
Enclosed is a check for the following	g amount:
	Filing Fee & Status Sta
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassec, FL 3	orations Division of Corporations Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The Good Shepherd Medical Center LLC (Must end with the words "Limite"	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	
Principal Office Address:	Mailing Address:
3080 East Bay Dr Largo, FL 33770	9113 Ridge Rd, STE 4 New Port Richey, FL 34654
another business entity with an active Florida registration	n Registered Agent. You must designate an individual or on.)
The name and the Florida street address of the registered	d agent are:
Summer Demetrius Name	<u> </u>
9113 Ridge Rd, STE 4 Florida street address (P.O. Bo	x <u>NOT</u> acceptable)
New Port Richey	FL 34654
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ol	ervice of process for the above stated limited liability company at pot the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance bligations of my position as registered agent as provided for in other 605, F.S
(CONTINU	JED)

Page 1 of 2

Wight Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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 firmation 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 firmation 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 firmation 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 firmation 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 firmation 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 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 firmation and Designation of Registered Agent.	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
Use attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) (In accordance with section 605.0203 (1) (b), 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.) Summer Demetrius Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$3.0.00 Certificate of Status (Optional)			
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