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(Requestor's Name)

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(City/State/Zip/Phone #)

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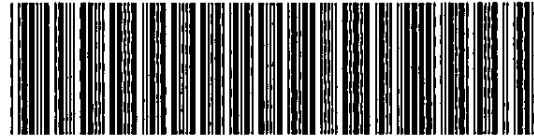
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 08 2014

Bruce A. Koebe, P.A.
Attorney and Counselor at Law

VIA FEDERAL EXPRESS

November 26, 2014

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

2477 N.E. Dixie Highway
Jensen Beach, Florida 34957-5959
772-334-4700 FAX: 772-334-8137

Re: Articles of Organization for Emergency Medicine Services Of The Treasure Coast, P.L.L.C.

Dear Sir or Mdm.:

Please find enclosed herein for filing the following documents, to wit:

1. Fully executed Articles of Organization for Emergency Medicine Services Of The Treasure Coast, P.L.L.C.;
2. My office check payable to the Florida Department of State in the amount of \$130.00 which I submit to cover the \$125.00 filing fee and \$5.00 Certificate of Status; and
3. A prepaid Federal Express mailer envelope addressed to me for your use in returning the Certificate of Status to me upon the filing of the articles.

Dr. Gallagher's email address is drshark47@gmail.com which I submit for your use in all future annual report notifications. For any necessary additional information, please call me at the number shown on this letter. In addition, please return all correspondence concerning this matter to me at my address which appears above. If we have in any way failed to meet with any of your requirements in this matter, please call me and we shall strive to immediately make all necessary corrections. I sincerely thank you for your most efficient assistance in these matters. Anything you can do to expedite the filing of this matter will be greatly appreciated.

Very truly yours,

BRUCE A. KOEBE, P.A.

By

Bruce A. Koebe

Enclosures (3)

cc: Dr. Mark Gallagher (with enclosures)

ARTICLES OF ORGANIZATION FOR FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

ARTICLE I – Name: The name of the Professional Limited Liability Company is:

EMERGENCY MEDICINE SERVICES OF THE TREASURE COAST, P.L.L.C.

ARTICLE II – Address: The mailing address and street address of the principal office of the Professional Limited Liability Company is:

Principal Office Address:

5180 S.W. Hammock Creek Drive
Palm City, FL 34990

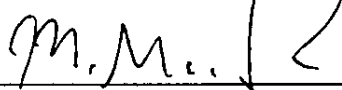
Mailing Address:

5180 S.W. Hammock Creek Drive
Palm City, FL 34990

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature: The name and the Florida Street address of the registered agent are:

Mark Gallagher, MD
5180 S.W. Hammock Creek Drive
Palm City, FL 34990

Having been named as registered agent and to accept service of process for the above stated professional 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 605, F.S.



Mark Gallagher, MD, Registered Agent

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ARTICLE IV - The name and address of each person authorized to manage and control the professional limited liability company:

Title:

"AMBR" = Authorized Member

Name and Address

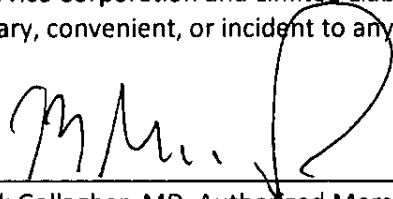
AMBR

Mark Gallagher, MD
5180 S.W. Hammock Creek Drive
Palm City, FL 34990

ARTICLE V - Effective Date is the date of filing.

ARTICLE VI: The permitted businesses of the professional limited liability company will be: (i) to engage in the practice of medicine and to provide and carry on services incident to the practice of medicine through duly licensed individuals; (ii) to exercise all other powers necessary to or reasonably connected with the company's business which may be legally exercised by professional limited liability companies under Florida's Professional Service Corporation and Limited Liability Company Act; and (iii) to engage in all activities necessary, customary, convenient, or incident to any of the foregoing.

REQUIRED SIGNATURE:



Mark Gallagher, MD, Authorized Member

(In accordance with section That 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.

Typed name of signee: Mark Gallagher, MD

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