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Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : GREENSPOON MARDER, P.A.  
Account Number : 076064003722  
Phone : (888) 491-1120  
Fax Number : (954) 343-6962

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FLORIDA DEPARTMENT OF  
STATE  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.  
COAST MEDICAL CENTERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
COAST MEDICAL CENTERS, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is Coast Medical Centers, LLC.

**ARTICLE II - Duration:**

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company or Florida law.

**ARTICLE III - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is 1175 South US Highway One, 2<sup>nd</sup> Floor, Vero Beach, Florida 32962.

**ARTICLE IV - Registered Agent:**

The name and address of the initial registered agent for this Limited Liability Company is Greenspoon Marder, P.A., 200 E. Broward Blvd., Suite 1800, Fort Lauderdale, Florida 33301.

**ARTICLE V - Management:**

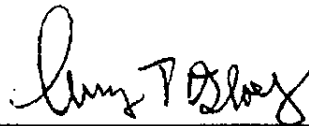
The Limited Liability Company is to be managed by a manager(s) and the names and addresses of the initial managers who are to serve as managers are:

Walter Janke  
1175 S. US Highway One  
2<sup>nd</sup> Floor  
Vero Beach, FL 32962

Toni Teresi  
1175 S. US Highway One  
2<sup>nd</sup> Floor  
Vero Beach, FL 32962

The managers of this Limited Liability Company: (i) may be replaced by the members, and (ii) shall be elected by the members, as provided for in the Operating Agreement of this Limited Liability Company.

Whereof, the undersigned member has executed these Articles the 8<sup>th</sup> day of December, 2014



Gregory J. Blodig,  
Authorized Representative of Member

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Coast Medical Centers, LLC

2. The name and address of the registered agent and office is:

Greenspoon Marder, P.A. (the "Firm")  
200 E. Broward Blvd., Suite 1800  
Fort Lauderdale, Florida 33301

By: \_\_\_\_\_

Gregory J. Blodig, For the Firm

*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, the Firm hereby accepts the appointment as registered agent and agrees to act in this capacity. The Firm further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the Firm is familiar with and accepts the obligations of its position as registered agent.*

\_\_\_\_\_  
Gregory J. Blodig, For the Firm

(Signature)

December 8, 2014

(Date)