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PICK-UP	☐ WAIT	MAIL	
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J. HARRIS

DEPARTMENT OF STATE ACCOUNT-FILING COVER SHEET

Account Number	FCA00000017	
Date:	1-8-15	
Requestor Name:	Carlton Fields Jorden Burt, P.A.	
Address:	Post Office Drawer 190 Tallahassee, Florida 32302	
Telephone:	(850) 513-3619 - direct (850) 224-1585	
Contact Name:	Kim Pullen, CP, FRP	
Corporation Name:		Health te Care, LLC
Email Address:		
Entity Number:	+/	
Authorization:	Km Pul	len 55 R
Areticles Certified Copy	•	Certificate of Status
New Filings	Plain Stamped Copy	Annual Report 🗓
Fictitious Name	Amendments	Registration
(X) Call When Ready	(X)Call if Problem	() After 4:30
(X) Walk In	() Will Wait	(X) Pick Up

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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 9, 2015

CARLTON FIELDS JORDAN BURT, P.A. KIM PULLEN

SUBJECT: WEST FLORIDA HEALTH POST-ACUTE CARE, LLC

Ref. Number: W15000001721

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

Limited Liability Companies are not corporations. Limited Liability Companies are unique business entities with special characteristics and attributes formed under Chapter 605, Florida Statutes. Corporations, on the other hand, are formed under Chapter 607, Florida Statutes, and possess other distinctive traits and characteristics. Consequently, limited liability company documents cannot contain any references/terms which may implicate the entity is a corporation. Please delete any references to the term "corporation" or the like from your document.

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 715A00000464

2015 JAN -9 PM 1: 3: SECRETARY OF STATE TALL AHASSEE, FLORIC

ARTICLES OF ORGANIZATION OF WEST FLORIDA HEALTH POST-ACUTE CARE, LLC

2015 JAN -9 PM 1: 3
SECRETARY OF STATE
TALLAHASSEE.FLOR

ARTICLE I NAME

The name of the Limited Liability Company is WEST FLORIDA HEALTHEFOST ACUTE CARE, 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, LLC.

ARTICLE IV DURATION AND PURPOSE

The period of duration for the Company shall be perpetual. The business of the Company is to:

- (A) establish, operate and promote one or more hospices and to foster related activities;
- (B) promote the philosophy that the quality of life is important, and that life should be lived to the fullest extent by those persons with or affected by advanced illness; and
- (C) promote the understanding of the needs of persons with or affected by advanced illness.

ARTICLE V MANAGEMENT

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

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

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

The rights of the members shall be as set forth in the Operating Agreement.

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 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.

The undersigned has executed these Articles of Organization as of the 13th day of November, 2014.

James J. Kennedy, III, Authorized Representative for the Members

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE APPLICABLE PROVISIONS OF THE 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, CFRA, LLC hereby accepts the appointment as registered agent and agree to act in this capacity. CFRA, LLC further agrees to comply with the provisions of all statutes relating to the proper and complete performance of such duties. CFRA, LLC is familiar with the obligations of its position as a registered agent.

Dated as of the 13th day of November, 2014.

REGISTERED AGENT:

CFRA, LLC

James J. Kennedy, III, its Authorized Agent

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SECRETARY OF STATE