

L15000018972

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PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
15 JAN 30 AM 11:00  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
15 JAN 30 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Buch JAN 30 2015

T. Buch FEB 2 2015

ACCOUNT NO. : I20000000195

REFERENCE : 483897 7509084

AUTHORIZATION :

*Spud Clement*

COST LIMIT : \$ 125.00

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ORDER DATE : January 30, 2015

ORDER TIME : 9:58 AM

ORDER NO. : 483897-005

CUSTOMER NO: 7509084  
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DOMESTIC FILING

NAME: BARBEL INPATIENT SERVICES, LLC

EFFECTIVE DATE:

\_\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX\_\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX\_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Barbel Inpatient Services, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AbbyMarie J. Rohr  
Name of Person  
Envision Healthcare Corporation  
Firm/Company  
6200 South Syracuse Way, Suite 200  
Address  
Greenwood Village, Colorado 80111  
City/State and Zip Code  
AbbyMarie.Rohr@evhc.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AbbyMarie J. Rohr at (303) 334-2515  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Barbel Inpatient Services, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

5020 West Highland Boulevard  
Inverness, Florida 34452

c/o Florida IPS Medical Services, LLC  
6200 South Syracuse Way, Suite 200  
Greenwood Village, Colorado 80111

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee

FL 32301

City

Zip

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15 JAN 30 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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, 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..*

Corporation Service Company

By: 

Registered Agent's Signature (REQUIRED)

**Courtney Williams**  
**Asst. Vice President**

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member  
"MGR" = Manager  
Sole Member

**Name and Address:**

Florida IPS Medical Services, LLC  
Brian Erling, M.D., Manager  
6200 South Syracuse Way, Suite 200

Greenwood Village, Colorado 80111

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

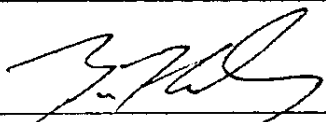
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



**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 third degree felony as provided for in s.817.155, F.S.)

Florida IPS Medical Services, LLC, Brian Erling, M.D., Manager  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA