

L/5000068444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

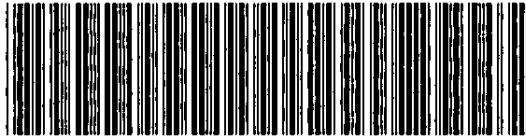
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800270912088

03/31/15--01007--002 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAR 31 PM 3:32

u 04/20/15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Care Delivery Alliance, L.L.C.
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:

Philip J. Braun
Name of Person

Central Florida Health Alliance, Inc.
Firm/Company

600 East Dixie Avenue
Address

Leesburg, Florida 34748
City/State and Zip Code

pbraun@cfhalliance.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philip J. Braun at (352) 323-5924
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:

Care Delivery Alliance, L.L.C.

(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:

600 East Dixie Avenue
Leesburg, FL 34748

600 East Dixie Avenue
Leesburg, FL 34748

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.)

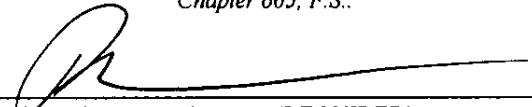
The name and the Florida street address of the registered agent are:

Philip J. Braun
Name

715 West Oak Terrace Dr.
Florida street address (P.O. Box NOT acceptable)

Leesburg City FL 34748 Zip

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 MAR 31 PM 3:32

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager
MGR

Name and Address:
Donald Henderson
600 East Dixie Avenue
Leesburg, FL 34748

MGR

Diane Harden
600 East Dixie Avenue
Leesburg, FL 34748

MGR

William Pflingsten
600 East Dixie Avenue
Leesburg, FL 34748

(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.
Care Delivery Alliance, L.L.C. is organized by members, Leesburg Regional Hospital, Inc. and The Villages Regional Tri-County Medical Center, Inc., to operate a physician-hospital organization with other participating health care providers to deliver quality, affordable, accessible health care in Lake and Sumter Counties.

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.)

Donald G. Henderson

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAR 31 PM 3:32