

L15000076608

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000105755 3)))



H150001057553ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : ADVENTIST HEALTH SYSTEM
Account Number : I20050000005
Phone : (407) 357-2333
Fax Number : (407) 357-2717

OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

15 APR 30 PM 12:20

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Sarah.Sneath@ahss.org

FLORIDA LIMITED LIABILITY CO.

Florida Care Network, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

15 APR 30 AM 10:00

OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

H15000105755 3

ARTICLES OF ORGANIZATION
of
FLORIDA CARE NETWORK, LLC

FILED
15 APR 30 PM 12:20
TALLAHASSEE, FLORIDA

Article I
NAME

The name of the Limited Liability Company is FLORIDA CARE NETWORK, LLC (the "Company").

Article II
PRINCIPAL OFFICE AND/OR MAILING ADDRESS

The mailing address and street address of the principal office of the Company is 301 Memorial Medical Parkway, Daytona Beach, Florida 32117.

Article III
INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 900 Hope Way, Altamonte Springs, Florida 32714, and the name of its initial registered agent at such address is Theresa Hoban.

Article IV
DURATION AND PURPOSE

The period of duration for the Company shall be perpetual. The business of the Company is to establish, operate and promote a clinically integrated network of physicians and other health care providers and to foster related activities.

Article V
MANAGEMENT

The Company is a member-managed limited liability company. The initial member is Memorial Health Systems, Inc., a Florida not for profit corporation, whose address is 301 Memorial Medical Parkway, Daytona Beach, Florida 32117.

H15000105755 3

H15000105755 3

**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 death, retirement, 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.

**Article VIII
AUTHORIZED REPRESENTATIVE**

The name and address of the authorized representative, acting as the attorney in fact for the initial member is:

<u>Name</u>	<u>Address</u>
Theresa Hoban, Esq.	Adventist Health System 900 Hope Way Altamonte Springs, FL 32714 Legal Department

The undersigned authorized representative has executed these Articles of Organization on this 29 day of May, 2015.

Theresa Hoban
Theresa Hoban, authorized
representative and Authorized
Attorney of the Member

H15000105755 3

H15000105755 3

CERTIFICATE OF DESIGNATION
of
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605, 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, 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 the obligations of my position as a registered agent.

Dated this 29 day of April, 2015.

REGISTERED AGENT:

FLORIDA CARE NETWORK, LLC

By: Theresa Hoban
Theresa Hoban, Its Authorized Agent

H15000105755 3