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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512) 418-6949
Fax Number : (954) 208-0845

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
Southeast Florida Medicare ACO, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Southeast Florida Medicare ACO, 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:

Maisha Gibson, Sr. Paralegal

Name of Person

The Cleveland Clinic Foundation

Firm/Company

3050 Science Park Drive, AC-321

Address

Beachwood, OH 44122

City/State and Zip Code

gibsonm3@ccf.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maisha Gibson

216

448-0162

at ()

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)

MailingAddress

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

StreetAddress

New Filing 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:

Southeast Florida Medicare ACO, LLC

(Must contain 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:**Cleveland Clinic Hospital, Attn: B. delCastillo
2950 Cleveland Clinic Boulevard
Weston, FL 33331Same as Principal Office Address**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:

C T Corporation System

Name

1200 South Pine Island RoadFlorida street address (P.O. Box **NOT** acceptable)Plantation,Florida33324

City

State

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..

C T Corporation System

Kristin BoldenBy: Kristin Bolden**Assistant Secretary**

Registered Agent's Signature (REQUIRED)

(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

Name and Address:

See attachment for list of Authorized Members
and Managers

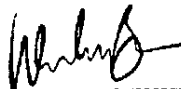
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 30, 2017 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Wael K Barsoum

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)

ATTACHMENT**Southeast Florida Medicare ACO, LLC****Articles of Organization – Florida Limited Liability Company**

Article IV: The names and addresses of each person authorized to manage and control the Limited Liability Company

List of Authorized Members and Managers:

Authorized Member / Manager	Address
Cleveland Clinic Hospital – Authorized Member Wael Barsoum, M.D. – Manager Rodolfo Blandon, M.D. – Manager Brian G. Donley, M.D. – Manager	2950 Cleveland Clinic Boulevard Weston, FL 33331
Boca Raton Regional Hospital – Authorized Member Cristina Mata, M.D. – Manager Jerry J. Fedeles – Manager C. Daniel Sacco – Manager	800 Meadows Rd. Boca Raton, FL 33486
Jupiter Medical Center – Authorized Member Terri Wentz – Manager John Couris – Manager Dale Hocking – Manager	1210 S. Old Dixie Hwy. Jupiter, FL 33458