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T SCHROEDER

Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE : 066940 7604415 AUTHORIZATION: Trubkenon COST LIMIT : \$ 125.00 ORDER DATE: February 12, 2018 ORDER TIME : 2:42 PM ORDER NO. : 066940-670 CUSTOMER NO: 7604415 DOMESTIC FILING NAME: HOSPITALIST MEDICINE PHYSICIANS OF FLORIDA -PALM COAST, 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

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CONTACT PERSON: Roxanne Turner - EXT.

1201 Hays Street

Tallhassee, FL 32301

COVER LETTER

	lew Filing Section Division of Corporations	
SUBJECT	Hospitalist Medicine Physicians	of Florida - Palm Coast, LLC
SUBJECT		Limited Liability Company
The enclos	sed Articles of Organization and fee(s)	are submitted for filing.
Please retu	ırn all correspondence concerning this	matter to the following:
	Lindsey Vaughan	
		Name of Person
	Sound Physicians	
		Firm/Company
	1498 Pacific Ave., Suite 400	
		Address
	Tacoma, WA 98402	
		City/State and Zip Code
	lvaughan@soundphysicians.com	
		sed for future annual report notification)
For further i	information concerning this matter, plea	ase call:
	Lindsey Vaughan	615 577-6367
		Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:	
\$125.00 F	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	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:			
Hospitalist Medicine			st, LLC pany, "L.L.C.," or "LLC.")	
(Must contai	n the words Limited	Liability Comp	any, L.L.C., of LLC.	
ARTICLE II - Address: The mailing address and street add	lress of the principal (office of the Lir	nited Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Ad	<u>ldress</u> :
1498 Pacific Ave., S Tacoma, WA 98402	uite 400		1498 Pacific Ave., Suite Tacoma, WA 98402	400
ARTICLE III - Registered Agen (The Limited Liability Company of another business entity with an ac	annot serve as its own tive Florida registration	n Registered Ag on.)		individual or
The name and the Florida street ad	idiess of the registere	u agent are:		
	Corporation Service	ce Company		
		Name		
	1201 Hays Street			
	Florida street addre	ss (P.O. Box N	OT acceptable)	
	Tallahassee	FL,	32301	
	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..

Corporation Service Company

Registered Agent's Signature (REQUIRED)

(CONTINUED)

TALL AH 9: 04

SEGRE LARY OF STATE TALL AHASSET, FLORIDA

AMBR Robert A. Bessler, M.D. 1498 Pacific Ave., Suite 400 Tacoma, WA 98402 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 te of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not cument's effective date on the Department of State's records. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document's 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. Lindsey Vaughan 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 if necessary) Effective date, if other than the date of filing: Indicate is listed, the date must be specific and cannot be more than five business days prior to or 90 day ng.) ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be seffective date on the Department of State's records. Other provisions, if any. DIRED SIGNATURE: Signatury 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. Lindsey Vaughan Typed or printed name of signee Filing Fees: 5.00 Filing Fee for Articles of Organization and Designation of Registered Agent 6.000 Certificate of Status (Optional)	Title: "AMBR" = Authorized		Name and Address:		
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ARTICLE IV-