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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

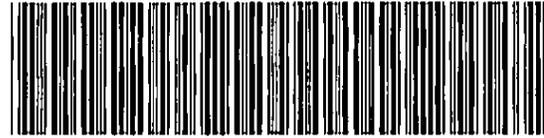
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA
18 AUG 23 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 24 2018

T SCHROEDER

COVER LETTER

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

SUBJECT: Memorial Healthcare System Ambulatory Care Center, 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:

Danielle Kisslan

Name of Person

South Broward Hospital District d/b/a Memorial Healthcare System

Firm/Company

3111 Stirling Road

Address

Hollywood, FL 33312

City/State and Zip Code

MHSLegal@mhs.net

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

For further information concerning this matter, please call:

Danielle Kisslan 954 265-5933
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)

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

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION
OF
MEMORIAL HEALTHCARE SYSTEM AMBULATORY CARE CENTER, LLC
A Florida Limited Liability Company**

**ARTICLE I
NAME**

The name of the Limited Liability Company is: Memorial Healthcare System Ambulatory Care Center, LLC.

**ARTICLE II
ADDRESS**

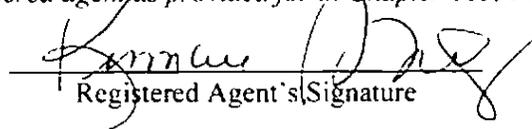
The mailing address and street address of the principal office of the Limited Liability Company is:
3111 Stirling Road, Hollywood, Florida 33312.

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Kimarie Stratos
3111 Stirling Road
Hollywood, Florida 33312

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

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization effective as of August 22, 2018.

SOUTH BROWARD HOSPITAL DISTRICT
D/B/A MEMORIAL HEALTHCARE SYSTEM,
as authorized representative and member

By: Nina Beauchesne
Name: Nina Beauchesne
Title: Executive Vice President

FILED
18 AUG 23 AM 10:00
SECRETARY OF STATE
FALL AHBASSETT, FLORIDA

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.