Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

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Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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

Email Address: JACQUELINE.HALL@FLORIDAWOMANCARE.COM

FLORIDA LIMITED LIABILITY CO. **OBGYN** Associates of Palm Coast, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
OBGYN Associate	es of Palm Coast, LLC
(Must end with the words "I	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5 Boulder Rock Drive, Suite D Palm Coast, FL 32137	5 Boulder Rock Drive, Suite D Palm Coast, FL 32137

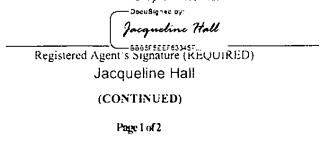
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Jacqueline Hall	
Name	
12 Big Dipper Lane Florida street address (P.O. Box	NOT acceptable)
Palm Coast	FL 32137
City	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.



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	ther provisions, if any.
iSigned by: mas Searle	RED SIGNATURE:
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lorida Statutes, the execution of this docume	
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