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January 25, 1996

THE PERKIND HOUSE BUITE 200 HIS HORTH DADSDEH STREET TALLAHASDEE, FLORIDA 32301

1ELEPHONE 19041 581-0191

#### VIA HAND DELIVERY

Secretary of State Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 400001699814 -01/29/96--01004--012 \*\*\*\*293.75 \*\*\*\*293.75

Re: Expedited Filing of Articles of Organization of Midwifery Services, L.C.

Dear Sir or Madam:

To effect the expedited organization of Midwifery Services, L.C., we deliver to you herewith the following documents:

- (1) Name Reservation letter reserving the name "Midwifery Services, L.C.";
- (2) An original and one copy of the Articles of Organization of Midwifery Services, L.C.;
- (3) Certificate of Designation of Registered Agent/Registered Office;
- (4) Affidavit of Membership and Contributions; and 뭐 클
- (5) A check in the amount of \$293.75 payable to the Floridan Secretary of State in payment of the filing fees

We respectfully request that you file the enclosed Articles of Organization, issue a Certificate of Organization along with a stamped, filed copy of the Articles of Organization, and take such other actions as are required by law to effect the organization of Midwifery Services, L.C.

Please notify the undersigned at the above phone number if you have any questions regarding these documents.

Sincerely

ennifer M. Crane

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JMC/csr enclosures

cc: Mr. Dyer Michell

David G. Cleveland, Esq.



### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 13, 1995

PARKER, HUDSON, RAINER & DOBBS 118 N. GADSDEN STREET TALLAHASSEE, FL 32301

The name MIDWIFERY SERVICES, L.C. has been reserved for 120 days beginning November 13, 1995. The reservation number is R95000005126 and this reservation is **NONRENEWABLE**.

A reservation is not a grant of authority to use the name. It is only a withholding of a name from its availability for use by another. When the proposed document is submitted, the name will **AGAIN** be checked against the records of the Division and if still no conflict exists and all other requirements are fulfilled, the reserved name shall be filed as the entity name.

The Division of Corporations is a ministerial filing office and may not render any legal advice. The Division does not adjudicate the legality of any corporate name or arbitrate disputes between entities. You may wish to review other laws such as common law rights, including rights to a trade name; United States Code, Federal Trademark Act, Section 1051 (Lantham Act); Chapter 495, Florida Statutes, Registration of Trademarks and Service Marks (Florida Trademark Act); and Section 865.09, Florida Statutes (Fictitious Name Act).

If someone else submits the document for filing, it must have a copy of this letter attached.

Should you have any questions regarding this matter, please telephone (904) 488-9000, the Name Availability Section

Ruth Leonard

Letter number: 795A00050202

## ARTICLES OF ORGANIZATION OF MIDWIFERY SERVICES, L.C.

1.

The name of this Limited Liability Company is "Midwikery, Services, L.C.". It is referred to in these Articles of Organization as the "Company".

2.

The latest date upon which the Company is to dissolve is January 31, 2026.

3.

The purpose of the Company is to operate a women's health care clinic, contract with health maintenance organizations, and to conduct any business and engage in any other activities not specifically prohibited to limited liability companies under the laws of the State of Florida, and the Company shall have all powers necessary to conduct such businesses and engage in such activities, including, but not limited to, the powers enumerated in the Florida Limited Liability Company Act, or any amendment thereto.

4.

The initial registered office of the Company shall be at 131 S.W. 15th Street, Ocala, Florida 34471. The initial registered agent at such address shall be Dyer Michell. The mailing address of the initial principal office of the Company is 131 S.W. 15th Street, Ocala, Florida 34471.

5.

The Company shall dissolve upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or upon the occurrence of any other event that terminates the continued membership of a Member in the Company, unless the

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business of the Company is continued by the consent of a majority of the remaining Members.

6.

The management of the Company is reserved to the Members, and the names and addresses of such Members are as follows:

Munroe Regional Health System, Inc. 131 Southwest 15th Street Ocala, Florida 32678

Douglas C. Hall. M.D.
Douglas C. Hall, M.D.  2600 S. 15 1716 St Suite B
Desta 56 34471
James T. Casey M.D.
day A Co 178 Ch
James T. Casey, M.D.  Lec-f Sc /75 Sf  Ocale Flex le 1491
Ocara Flexile Syyll
Bobby A. Richardson, M.D.
2508 SE ITTY STREET
OCALA FLORIDA 34471
LEIGH ANN BAKEYL
Lee-Ann-Baker, CNM, ARNP
1755 PENZANCE Print
MIDDLEBURG CL 32165
Patty Jane J. Chiota, CNM, ARNP
HAA HE ISO THE CHIEF
740 NE 120 III STREET COMM FLORION 34479-1053
<u>Centri Pederun 34474 -1055</u>
Tackie Dlankonskim Davis CNM ADVD
Jackie Blankenship Davis, CNM, ARNP
315 S.E. 644 St.
Gainsville, TL 32601
Monica C. Griffin, CNM, ARNP
1615 SE 17th avenue
Ocala Horida 34471

Lind	a A	_Rei	lly.	CNM	ARNP	
331	<u>5 5</u>	<u> 451</u>	6 penc	E		
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IN WITNESS WHEREOF, the undersigned Member of the Company has executed these Articles of Organization as of the  $27^{d}$  day of January, 1996.

MUNROE REGIONAL HEALTH SYSTEM, INC.

By: Title: PROTORT/CRO

dgc\munroa\widwife.5er

### AFFIDAVIT OF MEMBERSHIF AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of				
Services, L.C.	deposes and says:			
1) the above named limited liability comp	pany has at least two members			
2) the total amount of cash contributed by	the member(s) is \$ 20,000 .			
3) if any, the agreed value of property out \$ _N/A A description of	her than cash contributed by member(s) is the property is attached and made a part hereto.			
4) the total amount of cash or property a \$_20.000 . This total include:	nticipated to be contributed by member(s) is amounts from 2 and 3 above.			
	$\sim$			

Signature of a member or authorized representative of a member.
(Is assordance with section 608.408(7), Florida Statutes, the emention of this affidevia continuous as affirmation under the possibles of parjury that the facts stated become are true.)

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

Services, L.C	of the limited liability company is:	Midwifery
	ress of the registered agent and office is:	96 JAH 25 TALLAHAS
Dye	er Michell	20 20 man
	(Name)	U/_/
131	S.W. 15th Street	
	(P.O. Box nat secoptable)	AHII: 03
Oca	ala, Florida 34471	A SEE S
	(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.

(Signature)

(Date)

FILING FEE: \$ 35 for Designation of Registered Agent