

L98000002385

BLADE & BLADE, P.A.
A Family Law Firm
515 SOUTH FEDERAL HIGHWAY
DEERFIELD BEACH, FLORIDA 33441

PAUL E. BLADE
WILLIAM P. BLADE

954 • 429-1200
FAX 954 • 429-0739

October 21, 1998

Registration Section
Division of Corporations
Department of State of Florida
409 E. Gaines
Tallahassee, FL 32399

300002670283--4
-10/22/98--01080--001
****293.75 ****293.75

Re: NORTH BROWARD COMMUNITY MEDICAL CENTER, L.C. CM

Dear Sir,

Enclosed for filing is an original and one (1) copy of the Articles of Organization for Florida Limited Liability Company, the Certificate Designating Place of Business and Naming a Resident Agent for the above-captioned. Also enclosed please find my trust account check number 1680 in the amount of \$293.75 to cover the expenses. Would you kindly send me a stamped copy of these documents along with the Certificate of Status when they have been filed.

Thank you for your cooperation.

Very truly yours,

BLADE & BLADE, P.A.

Paul E. Blade

Paul E. Blade

PEB:lsg

Enclosures

Airborne Express Air Bill Number 2392307960

FILED
OCT 22 PM 12:11
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

NORTH BROWARD COMMUNITY MEDICAL CENTER, L.L.C.

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

4301 North Federal Highway, Suite 4
Pompano Beach, Florida 33064

ARTICLE III – Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual existence

ARTICLE IV – Management:

The limited Liability Company is to be managed by the members and the name(s) and address(s) of the managing member(s) are:

ALLAN GITTMAN
4301 North Federal Highway, Suite 4
Pompano Beach, Florida 33064

CYNTHIA ESTES
4301 North Federal Highway, Suite 4
Pompano Beach, Florida 33064

ARTICLE V – Admission of Additional Members:

The right is given, of all the members to admit additional members and the terms and conditions of the admissions shall be:

Unanimous approval by all of the members existing at the time of the admission upon financial terms acceptable to all of the existing members.

ARTICLE VI – Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

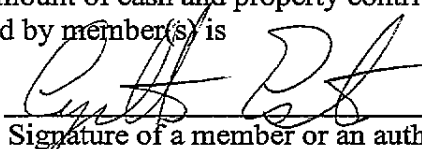
FILED
OCT 22 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The remaining member or members may continue the corporation for as long as is necessary to wind-up the affairs of the corporation. The remaining member or members shall have the first option of retaining the corporate name, lease, and any other assets, tangible or intangible, for establishing a substitute corporation.

ARTICLE VII – Affidavit of Membership and Contributions

The undersigned member CYNTHIA ESTES certifies:

- 1) the above named limited company has at least two members;
- 2) the total amount of cash contributed by the member(s) is \$25,000.00 EACH
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ _____ .00
(a description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$50,000.00


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

(in accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CYNTHIA ESTES

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 19th day of October, 1998, by CYNTHIA ESTES

X who is personally known to me or

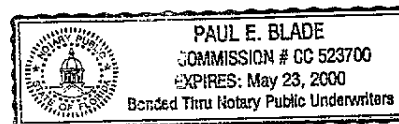
_____ who has produced _____

as identification and who did not take an oath.


NOTARY PUBLIC

My Commission Expires:

Printed, typed or stamped name:



**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 TO DESIGNATE
A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE
OF FLORIDA.**

1. The name of the limited liability company is: NORTH BROWARD COMMUNITY MEDICAL CENTER L.L.C.
2. The name and the Florida street address of the registered agent are:

CYNTHIA ESTES
4301 North Federal Highway, Suite 4
Pompano Beach, Florida 33064

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.


CYNTHIA ESTES

FILED
98 OCT 22 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA