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To:

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Fax Number : (850) 922-4003

From:

Account Name : FILINGS, INC.

Account Number: 072720000101 Phone: (850)385-6735

Phone : (850)385-6/33 Fax Number : (850)297-0217

LIMITED LIABILITY COMPANY

MARIANNA MEDICAL CENTER, L.L.C.

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ARTICLES OF ORGANIZATION

OF

MARIANNA MEDICAL CENTER, L.L.C.

ARTICLE I NAME OF COMPANY

The name of this limited liability company shall be: MARIANNA MEDICAL CENTER L.L.C., (the "Company").

ARTICLE II
DURATION

SECRETARY OF STATE OIVISION OF CORPORATIONS

The Company shall have perpetual existence commencing on the date of filing these Articles of Organization with the Department of State.

ARTICLE III ADDRESS

The mailing and street address of the principal office of the Company is: 3343 Old U.S. Road, Marianna, Florida 32446.

This document was prepared by:

Mark A. Coel, Esq. 4000 Hollywood Blvd. Suite 350 - North Hollywood, Florida 33821 (954) 893-1770 Florida Bar No.: 0770655

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ARTICLE IV INITIAL REGISTERED AGENT

The name and street address of the Company's initial Registered Agent are:

Mark A. Coel, Esq. 4000 Hollywood Blvd. Suite 350 - North Hollywood, Florida 33021

ARTICLE V REGULATIONS OF THE COMPANY

The power to adopt, alter, amend or repeal the Regulations of the Company shall be vested in the members of the Company. The Regulations may contain any provision for the regulation and management of the affairs of the Company not inconsistent with the law or these Articles of Organization.

ARTICLE VI MANAGEMENT

The Company is to be managed by a manager. The name and address of the manager are as follows:

Horacio Rodriguez-Jimenez, M.D. 3343 Old U.S. Road Marianna, FL 32446

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The undersigned, the authorized representative of Horacio Rodriguez-Jimenez, a member of the Company, for the purpose of forming a limited liability company to do business within the State of Florida, does make and files these Articles of Organization, hereby declaring and certifying that the facts stated above are true and correct.

Mark A. Cocl. Esq.

DIVISION OF CORPORATIONS

HP1000001955

STATE OF FLORIDA

COUNTY OF BROWARD

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED before me this day of January, 1999, by Mark A. Coel, Esq. to me personally known.



Name: Notary Public My Commission Expires:

The undersigned hereby accepts the foregoing designation as initial Registered Agent is familiar with, accepts and agrees to comply with the provisions or law applicable to said designation.

Mark A. Coel, Esq.

AFFIDAVIT OF MEMBERSHIP AND CAPITAL CONTRIBUTIONS

The undersigned, authorized representative for Horacio Rodriguez-Jimenez, M. D.; a member of the MARIANNA MEDICAL CENTER, L.L.C. (the "Company"), certifies as follows:

- 1. The Company has at least one member.
- 2. As of the date hereof the amount of cash contributions to the Company made by the members is \$1,000.00.
 - 3. No property other than cash contributions has been contributed by the members.
- 4. The total amount of cash and property contributed and anticipated to be contributed by the members is \$1,000.00.

| FURTHER AFFIANT SAYETH NAUGHT | | 99 00 |
|-------------------------------|--------------------|-------|
| STATE OF FLORIDA | Mark A. Coel, Esq. | W 25 |
| COUNTY OF BROWARD | | PH |

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED before this 25th day of January, 1999, by Mark A. Coel, Esq. to me personally known.



Name: Notary Public My Commission Expires:

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