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## Florida Department of State

Division of Corporations

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To: Division of Corporations  
Fax Number : (850) 922-4003

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
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## LIMITED LIABILITY COMPANY

FORT LAUDERDALE HOSPITAL MANAGEMENT, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	03
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**ARTICLES OF ORGANIZATION**

The undersigned authorized representative, for the purpose of forming a Limited Liability Company under the Florida Business Corporation Act, hereby adopts the following Articles of Organization.

**ARTICLE I NAME**

The name of the Limited Liability Company shall be:

**Fort Lauderdale Hospital Management, L.L.C.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be:

**1601 East Las Olas Boulevard, Fort Lauderdale, Florida 33301.**

**ARTICLE III - DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV - MANAGEMENT**

The Limited Liability Company is to be managed by the members, and the names and address(es) of the initial managing member is:

**Neal Cury  
939 N.W. 111<sup>th</sup> Avenue  
Plantation, Florida 33324**

***Prepared By:  
LAW OFFICES OF  
MICHAEL I. SANTUCCI, P.A.  
4901 North Federal Highway  
Suite 440  
Fort Lauderdale, FL 33308  
Telephone: (954) 492-0071  
Florida Bar No. 0105260***

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**ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS**

The company has the right to admit additional members upon a majority vote of members entitled to vote.

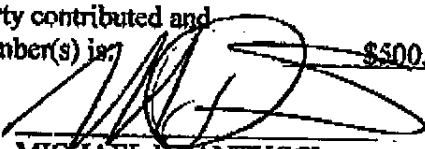
**ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS**

The remaining members of the Limited Liability Company shall have the right 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.

**ARTICLE VII - AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS**

The undersigned member or authorized representative of a member of Fort Lauderdale Hospital Management, L.L.C. certifies:

- 1) The above named Limited Liability Company has at least one (1) member.
- 2) The total amount of cash contributed by the member is: \$500.00
- 3) If any, the agreed value of property other than cash contributed by Member(s) is (A description of the property is \$-0- 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: \$500.00

  
MICHAEL I. SANTUCCI  
Authorized Representative of  
Member, Neal Cury

*Prepared By:*  
LAW OFFICES OF  
MICHAEL I. SANTUCCI, P.A.  
4901 North Federal Highway  
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**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT**

PURSUANT TO FL. STAT. 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED AGENT, IN THE STATE OF FLORIDA.

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1. The name of the Limited Liability Company is:  
**FORT LAUDERDALE HOSPITAL MANAGEMENT, L.L.C.**
2. The name and address of the registered agent is: **MICHAEL I. SANTUCCI**  
**Nations Bank Building**  
**4901 N. Federal Highway**  
**Suite 440**  
**Ft. Lauderdale, FL 33308**

HAVING BEEN NAMED AS REGISTERED AGENT 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.

5/24/99  
DATE

BY:

  
MICHAEL I. SANTUCCI

*Prepared By:*  
**LAW OFFICES OF**  
**MICHAEL I. SANTUCCI, P.A.**  
**4901 North Federal Highway**  
**Suite 440**  
**Fort Lauderdale, FL 33308**  
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