

L99000003001

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H99000012527 0)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAY 25 PM 2:32

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
99 MAY 25 PM 2:06

LIMITED LIABILITY COMPANY

FORT LAUDERDALE HOSPITAL MANAGEMENT, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$293.75

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. 111th 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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAY 25 PM 2:32

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

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

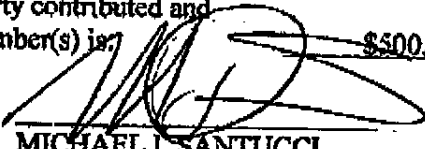
ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS

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
Suite 440
Fort Lauderdale, FL 33308
Telephone: (954) 492-0071
Florida Bar No. 0105260

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAY 25 PM 2:32

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

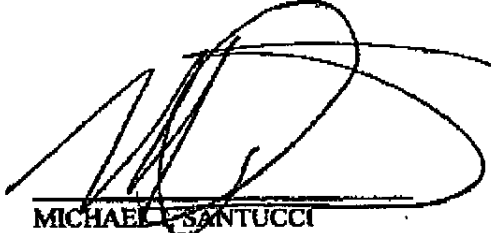
PURSUANT TO FL. STAT. 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED AGENT, IN THE STATE OF FLORIDA.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 25 PM 2:32

- 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
Telephone: (954) 492-0071
Florida Bar No. 0103260