

L99000006599

Oct. 4, 1999

Dear Dept. of State

Please find enclosed the articles
of organization for Carrabelle Medical
Center, L.C., and registration fees
Please feel free to contact me if any
questions arise about this.

Thank you

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****125.00 ****125.00

Mr. Lewis authorized
deletion of contributions
info by phone
-LA

Charles Lewis

PO Box 998

Carrabelle FL 323

Tel (850) 697-4288

Fax 697-4290

Note: The post office does not deliver
mail in Carrabelle, - thus the use
of PO Box

SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

99 OCT -6 PM 12:03

FILED

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Ch Lewis

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is Carrabelle Medical Center, L.C.

ARTICLE II - Address:

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

602 Highway 98
PO Box 998
Carrabelle, FL 32322-0998

ARTICLE III - Duration:

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

ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members and the name and address of the managing member is:

Charles A. Lewis, MD
PO Box 138
Carrabelle, FL 32322-0138

ARTICLE V - Admission of Additional Members:

Existing members of the Limited Liability Company may vote to admit additional members. Terms and conditions of membership shall be determined by consensus of existing members.

ARTICLE VI - Members Rights to Continue Business:

The right of 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 by the vote of the remaining members.

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TALLAHASSEE FLORIDA



Signature of Member: Charles A. Lewis

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes and affirmation under the penalties of perjury that the facts state herein 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 TO DESIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.

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

CHARLES A. LEWIS
602 HIGHWAY 98
PO Box 998
CARRABELLE FL, 32322-0998

*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 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.*



CHARLES A. LEWIS

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TALLAHASSEE FLORIDA