

L99000008207

PATRICIA POTTS
950 Galleon Drive
Naples, Florida 33940

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-11/24/99-01072-013
****155.00 ****155.00

REGISTRATION SECTION
DIVISION OF CORPORATIONS
409 East Gaines Street
Tallahassee, Florida 32399

Dear Sir/Madam:

Enclosed herewith are the following items:

1. Articles of Organization of Little Forest Medical Center, LL
2. Filing fee in the amount of \$155.00.

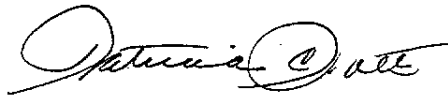
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99 NOV 24 PM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mtm

Please file the enclosed Articles of Organization, and return the letter of acknowledgement and a certified copy of the same to me upon completion. Thank you.

of 11/30

Very truly yours,



Patricia C. Potts

Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LITTLE FOREST MEDICAL CENTER, LLC

ARTICLE II - Address:

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

950 Galleon Drive
Naples, Florida 33940

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Patricia C. Potts		
Name		
950 Galleon Drive		
Florida street address (P.O. Box NOT acceptable)		
Naples	FL	33940
City, State, and Zip		

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99 NOV 24 PM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 as provided for in Chapter 608, F.S..

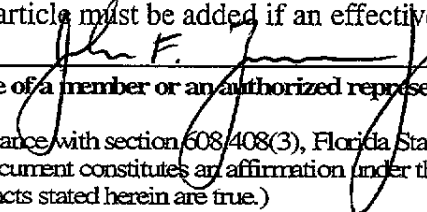

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Patricia C. Potts	and	Shari Hurl
950 Galleon Drive		81 N. Autumnwood Way
Naples, Florida 33940		The Woodlands, Texas 77380

(An additional article must be added if an effective date is requested)


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

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

John F. Zimmerman, Jr.
Typed or printed name of signee

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)