L01000007574

Cover Letter

Name : ATEF S. ZAKHARY

Address : 706 West Platt Street
Tampa, FL 33606

Tel. : ~~(813) 301-4444~~
(813) 251-2000

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-12/14/99--01006--008
****293.75 ****160.00
130.00

L01-7574

(4)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY 14 PM 2:49

IN99-28837

00789|02837|02870|01129|01128|02827|02744|00071

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 17, 1999

ATEF S. ZAKHARY
706 WEST PLATT STREET
TAMPA, FL 33606

SUBJECT: OMNI MEDICAL CENTER FOR WOMEN, PA LLC
Ref. Number: W99000028837

We have received your document for OMNI MEDICAL CENTER FOR WOMEN, PA LLC and your check(s) totaling $293.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

The name of a professional limited liability company must contain the suffix "P.L.," "P.L.C.," "PL," "PLC," or "PROFESSIONAL LIMITED COMPANY" at the end of the name. "P.L.L.C." OR "PLLC" is not an acceptable suffix in the state of Florida.

The specific purpose of the entity must be set forth in the document.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: $100 filing fee; and $25 registered agent designation fee. Please include an additional $30 for each certified copy requested (optional) and $5.00 for each certificate of status requested (optional).

Please complete and sign the enclosed application for refund, and return it to my personal and confidential attention at the address below.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Trevor Brumbley

AUTOMATIC COVER SHEET

DATE : MAY-14-01 03:29 PM

TO :

FAX #: 18504101015

FROM : OMNI MED CTR WOMEN

FAX #: 8132519215

2 PAGES WERE SENT

(INCLUDING THIS COVER SHEET)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

OMNI MEDICAL CENTER FOR WOMEN, P.L.C.

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

706 WEST PLATT STREET
TAMPA, FL 33606

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

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

ATEF S. ZAKHARY
Name

706 WEST PLATT STREET
Florida street address (P.O. Box NOT acceptable)

TAMPA , FL 33606
City, State, and Zip

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.

X Zakhary
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.** SAAD MANAGEMENT COMPANY, L.L.C.
ATEF S. ZAKHARY HEBA ZAKHARY

ARTICLE V -THE NATURE OF THE PROFESSIONAL COMPANY IS OBGYN MEDICAL CLINIC.

(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.)

ATEF ZAKHARY Atef Zakhary
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)
$ 8.50 Certificate of Status (Optional)

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