

L02000028558

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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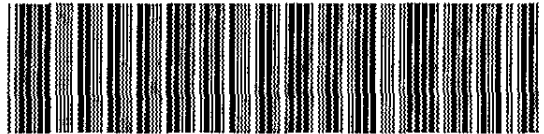
(Business Entity Name)

(Document Number)

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02 OCT 28 AM 10:19  
DIVISION OF CORPORATION

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**CORPORATE  
ACCESS,  
INC.**

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

**WALK IN**

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*10/28/02 Alinda*

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*LLC*

1.) *Memorial Medical, L.L.C.*  
(CORPORATE NAME & DOCUMENT #)

2.)  
(CORPORATE NAME & DOCUMENT #)

3.)  
(CORPORATE NAME & DOCUMENT #)

4.)  
(CORPORATE NAME & DOCUMENT #)

5.)  
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

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**ARTICLES OF ORGANIZATION**  
**OF**  
**MEMORIAL MEDICAL, L.L.C.**  
**a Florida Limited Liability Company**

**ARTICLE I**  
**Name**

The name of this Limited Liability Company is MEMORIAL MEDICAL, L.L.C. (the "Company").

**ARTICLE II**  
**ADDRESS**

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

1510 S. Clark Ave.  
Tampa, FL 33629

**ARTICLE III**  
**DURATION**

The Company's existence shall commence upon the acceptance of the Articles of Organization by the Secretary of State of Florida and shall continue in existence until the expiration of fifty (50) years from such commencement date, unless sooner terminated, liquidated, or dissolved by law or by the unanimous consent of the Members.

**ARTICLE IV**  
**MANAGING MEMBERS**

The name and address of the members of this limited liability company are as follows:

Michael Moses  
1510 S. Clark Ave.  
Tampa, Florida 33629

Richard W. Swirbul  
1510 S. Clark Ave.  
Tampa, Florida 33629

Gerald W. Bobier  
1510 S. Clark Ave.  
Tampa, Florida 33629

James E. Heenan  
1510 S. Clark Ave.  
Tampa, Florida 33629

**ARTICLE V  
MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is therefore, a member-managed company. The name and addresses of the manager(s) is, as follows:

Michael Moses  
1510 S. Clark Ave.  
Tampa, Florida 33629

**ARTICLE VI  
REGISTERED AGENT AND REGISTERED OFFICE**

The name and the Florida street address of the Registered Agent is:

Michael Moses  
1510 S. Clark Ave.  
Tampa, Florida 33629

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MEMORIAL MEDICAL, L.L.C.,  
a Florida limited liability company

By: \_\_\_\_\_

Michael Moses

Its: \_\_\_\_\_

Managing Member

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 25<sup>th</sup> day of October, 2002, by Michael Moses, as Managing Member of MEMORIAL MEDICAL, L.L.C., a Florida limited liability company, who is personally known to me or produced \_\_\_\_\_  
~~as identification~~, on behalf of the limited liability company.

Witness my hand and official seal in the county and state last aforesaid on the day and year first written above.

My Commission Expires:

\_\_\_\_\_  
Notary Public, State of Florida



### ACCEPTANCE OF REGISTERED AGENT


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:

The name of the Limited Liability Company is: MEMORIAL MEDICAL, L.L.C.

The name and Florida street address of the Registered Agent is:

Michael Moses  
1510 S. Clark Ave.  
Tampa, Florida 33629

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.

  
Michael Moses

(SEAL)

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