

LD3000039337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

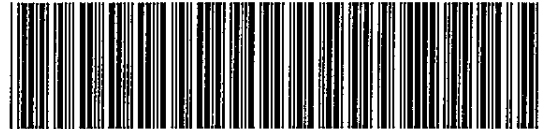
(Business Entity Name)

(Document Number)

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2003 OCT 13 PM 4:06  
CORPORATIONS  
ALLAHASSEE, FLORIDA

W03-18666  
J. BRYAN JUN 30 2003



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 30, 2003

FLORIDA MEDICAL GROUP LLC  
PO BOX 11761  
NAPLES, FL 34101

SUBJECT: FLORIDA MEDICAL GROUP LLC  
Ref. Number: W03000018666

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2003 OCT 13 PM 4:06  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for FLORIDA MEDICAL GROUP LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$25.00.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 803A00039349



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 15, 2003

FLORIDA MEDICAL GROUP LLC  
PO BOX 11761  
NAPLES, FL 34101

SUBJECT: FLORIDA MEDICAL GROUP LLC  
Ref. Number: W03000018666

FILED  
2003 OCT 13 PM 4:06  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

You failed to make the correction(s) requested in our previous letter.

There is a balance due of \$25.00.

If you have any questions concerning the filing of your document, please call  
(850) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 903A00041582

To  
Joey Bryan

From  
Florida Medical Group  
Po Box 11761, Naples, FL 34101

FILED  
2003 OCT 13 PM 4:06  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

1 Re w03000018666 please see attached \$25.00.

2 Re w03000018664 please refund \$100.00

Thanks,  
Best personal regards,  
H Sharma.  
HSH43@hotmail.com

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FLORIDA MEDICAL GROUP LLC

**ARTICLE II - Address:**

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

PO Box 11761 Naples, FL 34101

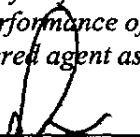
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

H. SHARMA  
Name  
2250 NORTH ROAD  
Florida street address (P.O. Box NOT acceptable)  
FL  
NAPLES City, State, and Zip FL 34104

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2009 OCT 13 PM 4:06  
H. SHARMA  
REGISTERED AGENT  
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.

(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.)

  
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)