

L03600042658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

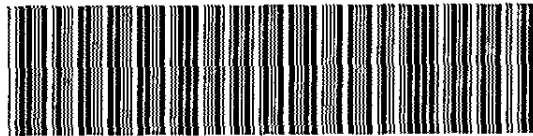
(Business Entity Name)

(Document Number)

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STATE
CORPORATIONS
DIVISION
TALLAHASSEE, FLORIDA

Handwritten signature

FILED
03 NOV -4 AM 8:34
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 308256 156480A

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 125.00

FILED
03 NOV -11 AM 8 34
TAMPA FLORIDA

ORDER DATE : November 4, 2003

ORDER TIME : 3:55 PM

ORDER NO. : 308256-005

CUSTOMER NO: 156480A

CUSTOMER: Ms. Layla Tabor
Roberts, Seward & Company

Suite 202
505 E. Jackson Street
Tampa, FL 33602

DOMESTIC FILING

NAME: BRICK, SCANLAN, CRAFT, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
NOV - 14 AM 8:30
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF HILLSBORO, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

BRICK, SCANLAN, CRAFT, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

425 SOUTH KINGS AVE.
BRANDON FL.
33511

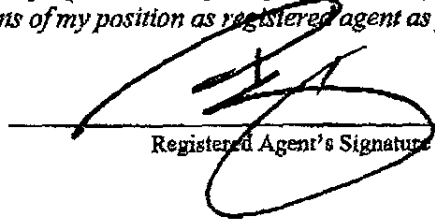
SAME

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

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

Robert J. Scanlan, Esq.
Name
101 E. Kennedy Blvd. Ste. 1790
Florida street address (P.O. Box NOT acceptable)
Tampa FL 33602
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.


Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

GEORGE D. BRICK, MD
425 SOUTH KINGS AVENUE
BRANDON, FL 33511

MGRM

EDWARD D. SCANLAN, MD
425 SOUTH KINGS AVENUE
BRANDON, FL 33511

MGR

MARK L. CRAFT, M.D.
425 SOUTH KINGS AVENUE
BRANDON, FL 33511

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

Mark L. Craft, M.D.
Typed or printed name of signer

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)