

LO3000056060

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

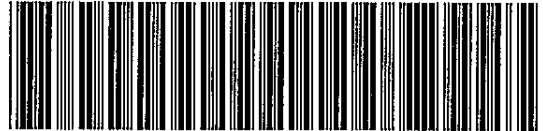
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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December 26, 2003

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):
 Vascular Specialists of Venice and Sarasota, P.L.

Filing Evidence

- Plain/Confirmation Copy
- Certified Copy

Retrieval Request

- Photocopy
- Certified Copy

Type of Document

- Certificate of Status
- Certificate of Good Standing
- Articles Only
- All Charter Documents to Include Articles & Amendments
- Fictitious Name Certificate
- Other

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

The undersigned, acting as organizer of this professional limited liability company pursuant to Chapters 608 and 621 of Florida Statutes, hereby forms a professional limited liability company under the laws of the State of Florida and adopts the following Articles of Organization for such professional limited liability company:

ARTICLE I - NAME:

The name of the Limited Liability Company is: VASCULAR SPECIALISTS OF VENICE AND SARASOTA, P.L.

ARTICLE II - ADDRESS:

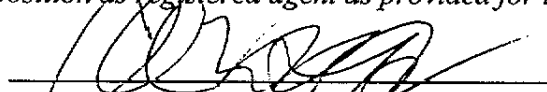
The mailing address and street address of the principal office of the Limited Liability Company is:

PRINCIPAL OFFICE ADDRESS:	MAILING ADDRESS:
2134 Sevilla Way	2134 Sevilla Way
Naples, Florida 34109	Naples, Florida 34109

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE: The Name and the Florida street address of the registered agent are:

Charles M. Kelly, Jr.
Name
2640 Golden Gate Parkway, Suite 305
Florida street address (P.O. Box **NOT** acceptable)
Naples, Florida 34105
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

ARTICLE IV - MANAGER(S) OF MANAGING MEMBER(S):

The Company is to be managed by its Members and is, therefore, a member-managed company. The name and address of the initial Member is as follows:

TITLE:

NAME AND ADDRESS:

GERALD GRUBBS, M.D.

2134 Sevilla Way, Naples, Florida 34109

ARTICLE V - GENERAL NATURE OF BUSINESS

The purpose of the Company and the nature of its business are as follows:

1. To engage in every aspect of the practice of medicine as a professional service limited liability company and to provide services incident thereto.
2. To own property (real or personal), enter into contracts and carry on any activity necessary or incidental to the accomplishment or furtherance of the purpose of this corporation and may invest its funds in real estate, mortgages, stocks, bonds and any other investments permitted by law.
3. The services of this Company which consist of the practice of medicine shall be carried out only through officers, employees and agents who are duly authorized and in good standing and licensed in the State of Florida to practice medicine.
4. To do everything necessary, proper or convenient for the accomplishment of any of the purposes herein set forth and to do every other act incidental thereto which is not forbidden by the laws of the State of Florida, medical and professional ethics, or by the provisions of these Articles of Organization.

ARTICLE VI - RESTRAINT ON ALIENATION

No member may sell or transfer his interest in the Company except to another individual who is eligible to be a member of the Company under Florida law.

ARTICLE VII - DISQUALIFICATION

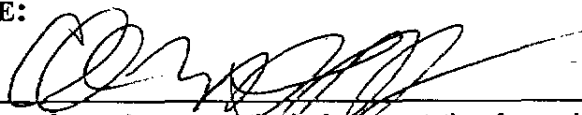
If any officer, member, agent or employee of the Company who has been rendering professional service to the public for the Company becomes legally disqualified to render such professional services within Florida or accepts employment that places restrictions or limitations upon his or her continued rendering of such professional services, then the Company shall require him or her to comply with the Florida

Professional Service Corporation and Limited Liability Company Act by severing all employment with and financial interests in the Company.

ARTICLE VIII - EFFECTIVE DATE

The effective date of VASCULAR SPECIALISTS OF VENICE AND SARASOTA, P.L. is the date of filing of these Articles of Organization with the Florida Department of State.

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.)

Charles M. Kelly, Jr

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)