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2004 MAR 22 P 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Healthcare FACILITATORS Rx

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 18, 2004

Registration Section
Division of Corporations
P.O Box 6327
Tallahassee, Florida 32314

Dear Division of Corporations:

Healthcare Facilitators has been requested by Bay Area Neurology Consultants, P.L. to file the attached Articles of Organization and submit payment for incorporation.

If you have any questions, please contact my office.

Thank you.

Sincerely,

Fran LaVallette
Facilitator

820 Grovesmere Loop • Ocoee, Florida 34761
Office: (407) 654-2284 • Fax: (407) 877-9944 • email: info@hcf.net
Web Site: www.hcf.net

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

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2004 MAR 22 P 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: BAY AREA NEUROLOGY CONSULTANTS, P.L.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fran LaVallette
(Name of Person)

Healthcare Facilitators
(Firm/Company)

820 Grovesmere Loop,
(Address)

Ocoee, Florida 34761
(City/State and Zip Code)

For further information concerning this matter, please call:

Fran LaVallette at (407) 654-2284
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

2004 MAR 22 P 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

BAY AREA NEUROLOGY CONSULTANTS, 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:**
3328 Cove Bend Dr.	3328 Cove Bend Dr.
Tampa, FL 33613	Tampa, FL 33613

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Fran LaVallette
Name

820 Grovesmere Loop,
Florida street address (P.O. Box **NOT** acceptable)

Ocoee, FLORIDA 34761
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, Florida Statutes..

2/18/04
Registered Agent's Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	ALLAUDDIN KHAN, MD 3328 Cove Bend Dr. Tampa, FL 33613

(Use attachment if necessary)

ARTICLE V- PURPOSE:

The purpose for which the corporation is organized is: Medical Practice, This will be a professional limited liability company.

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

REQUIRED SIGNATURE:

03/15/04.

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.)

ALLAUDDIN KHAN, MD

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)