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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JUN 3 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ENT Management, 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:

Peter B. McKernan, M.D., D.D.S.

Name of Person

Firm/Company

6101 Webb Rd, Ste 211

Address

Tampa, FL 33615

City/State and Zip Code

PMckernan @ Tampa Bay, rr. COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter B. McKernan, II, Esq.

Name of Person

at (**813**) **299-8973**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION OF

ENT Management, P.L.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name

The name of the limited liability company shall be ENT Management, P.L.

ARTICLE II - Address

The street address of the principal office of the limited liability company is: 6101 Webb Road, Suite 211, Tampa, Florida 33615. The mailing address of the principal office of the limited liability company is: 6101 Webb Road, Suite 211, Tampa, Florida 33615.

ARTICLE III - Purpose

The limited liability company may engage in any activity or business in the practice of medicine permitted under the laws of this state.

ARTICLE IV - Membership

Membership in the limited liability company shall be limited to individuals who are licensed as physicians in the State of Florida under Chapter 458 or 459, Florida Statutes, and entities whose membership is limited to such individuals.

ARTICLE V - Registered Agent

The name and the Florida street address for the registered agent of the limited liability company is: Peter B. McKernan, M.D., D.D.S., 6101 Webb Road, Suite 211, Tampa, Florida 33615.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 15th day of June, 2011.

Peter B. McKernan M.D., D.D.S.
Signature of a member or an authorized representative of a member

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Peter B. McKernan, M.D., D.D.S.
Typed or printed name of signee

ACCEPTANCE OF DESIGNATION

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the duties, and the undersigned is familiar with and accepts the obligations of the position as registered agent as provided for in Chapter 608, Florida Statutes.

Peter B McKernan M.D., D.D.S.

Peter B. McKernan, M.D., D.D.S.
6101 Webb Road, Suite 211
Tampa, Florida 33615

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TALLAHASSEE, FLORIDA

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