

L98000003270

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203 N. E. 1ST STREET
GAINESVILLE, FL 32601

December 14, 1998

Secretary of State
LLC Division
P.O. Box 6327
Tallahassee, FL 32314

900002712359--6
-12/15/98--01022--002
***285.00 ***285.00

Re: PATHOLOGY ASSOCIATES OF NORTH FLORIDA, L.C.

Dear Sir or Madam:

Enclosed herewith are the original Articles of Organization for the captioned Limited Liability Company, an Affidavit, and a check in the amount of \$285.00 made to the order of the Secretary of State. I have also enclosed a copy of the Articles to be stamped and returned to us showing the filing date. Also enclosed is a letter from George E. Byers, M.D. authorizing the use of the name Pathology Associates of North Florida.

Please send the receipt acknowledging filing to the undersigned.

Sincerely,


Ellen R. Gershow

Name	Availability	Enclosures
Document Examiner		DCC
Updater		DCC
Liability Verifier		DCC
Acknowledgement		DCC
W. P. Verifier		DCC

FILED
98 DEC 15 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Same as P98000098641

L98000003270

December 7, 1998

Secretary of State
LLC Division
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I am subscriber to Articles of Incorporation for PATHOLOGY ASSOCIATES OF NORTH FLORIDA, P.A., which were filed with the Secretary of State on November 19, 1998. I have reconsidered use of the corporate form and have decided to form a limited liability company instead. Accordingly, I hereby consent to use of the name, PATHOLOGY ASSOCIATES OF NORTH FLORIDA, by the limited liability company, the Articles of Organization of which are enclosed.

Sincerely,

George E. Byers, Jr. M.D.

George E. Byers, M.D.

Articles of Organization of
Pathology Associates of North Florida, L.C.

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98 DEC 15 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this Limited Liability Company shall be PATHOLOGY ASSOCIATES OF NORTH FLORIDA, L.C.

ARTICLE II - DURATION

The period of duration of this Limited Liability Company shall be perpetual.

ARTICLE III - PURPOSE

The nature of the business to be transacted by this Limited Liability Company and the purpose hereof is to render professional medical services to the general public and to do all things in connection therewith that is customarily done by licensed physicians under the laws of Florida, and to invest its funds in real estate, mortgages, stocks, bonds, or other types of investments. The Limited Liability Company may own real or personal property necessary for the rendering of professional services. The Limited Liability Company shall not engage in any business other than the practice of medicine.

ARTICLE IV - MAILING ADDRESS AND STREET ADDRESS

The initial street address of the principal office of this Limited Liability Company in the State of Florida is 6500 West Newberry Road, Gainesville, Florida 32605, which is the

initial registered office of the Limited Liability Company and the mailing address is P.O. Box 147006, Gainesville, Florida 32614-7006.

FILED
DEC 15 11:40
TALLAHASSEE COUNTY
FLORIDA

ARTICLE V - NAME AND STREET ADDRESS OF REGISTERED AGENT

The name and street address of the initial registered agent in this state for this Limited Liability Company is GEORGE E. BYERS, M.D., 6500 West Newberry Road, Gainesville, Florida 32605.

ARTICLE VI - ADDITIONAL MEMBERS

New members may be admitted upon the unanimous vote of the members.

ARTICLE VII - CONTINUATION OF BUSINESS

The remaining members of the Limited Liability Company may continue the business of the Limited Liability Company upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company upon majority vote.

ARTICLE VIII - MANAGEMENT BY MEMBERS

Management of the Limited Liability Company is reserved to its Members. The names and addresses of the managing members are:

GEORGE E. BYERS, M.D., P.A.

P.O. Box 147006
Gainesville, FL 32614-7006

PATRICIA W. GOLDBLATT, M.D., P.A.

P.O. Box 147006
Gainesville, FL 32614-7006

SALLY E. RYDEN, M.D., P.A.

P.O. Box 147006
Gainesville, FL 32614-7006

FILED
98 DEC 15 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

At Gainesville, Florida, this 11 day of December, 1998.

GEORGE E. BYERS, M.D., P.A.

By: George E. Byers, M.D.
GEORGE E. BYERS, M.D.

STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this ___ day of December, 1998, by GEORGE E. BYERS, M.D., as President of GEORGE E. BYERS, M.D., P.A.



LINDA E. WINN
My Comm Exp. 8/11/2001
Bonded By Service Ins
No. CC670524
 Personally Known Other I.D.

Linda Winn
Notary Public, State of Florida at Large

Print, Type or Stamp Commissioned Name
of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced:

- Current Florida Driver's License
- Other _____

ACCEPTANCE OF APPOINTMENT
AS REGISTERED AGENT

FILED
98 DEC 15 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I HEREBY ACCEPT appointment as Registered Agent for PATHOLOGY ASSOCIATES OF NORTH FLORIDA, L.C., on whom process may be served in the State of Florida. I am familiar with and accept the duties and responsibilities as Registered Agent for said limited liability company, all pursuant to Florida Statutes 608.415.

DATED this 11 day of December, 1998.

George E. Byers, M.D.

GEORGE E. BYERS, M.D.
Registered Agent

98 DEC 15 PM 1:40
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Affidavit

BEFORE ME, this day, the undersigned officer, personally appeared GEORGE E. BYERS, M.D., President of GEORGE E. BYERS, M.D., P.A., a managing member of PATHOLOGY ASSOCIATES OF NORTH FLORIDA, L.C., a Florida Limited Liability Company ("_____"), and who, being duly sworn, certifies as follows:

1. The Limited Liability Company has three members, GEORGE E. BYERS, M.D., P.A., PATRICIA W. GOLDBLATT, M.D., P.A. and SALLY E. RYDEN, M.D., P.A.

2. Cash in the amount of \$ 100.00 has been contributed to the Limited Liability Company by the members.

3. No other property has been contributed by the members to the Limited Liability Company.

4. The amount anticipated to be contributed by the members to the Limited Liability Company is \$ 100.00.

FURTHER AFFIANT SAITH NOT.

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

DATED this 11 day of December, 1998.

George E. Byers, M.D.
GEORGE E. BYERS, M.D.
President of GEORGE E. BYERS, M.D., P.A.

STATE OF FLORIDA
COUNTY OF ALACHUA

Before me, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared GEORGE E. BYERS, M.D., known to me and known by me to be the person who executed the foregoing Affidavit, and he acknowledged to me and before me that he executed this Affidavit as President of a Member of the Limited Liability Company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this 11th day of December, 1998.

Linda E. Winn

Notary Public, State of Florida at Large



LINDA E. WINN
My Comm Exp. 8/11/2001
Bonded By Service Ins
No. CC670524
 Personally Known Other I.D.

Print, Type or Stamp Commissioned Name
of Notary Public

Personally known OR Produced Identification _____

Type of Identification Produced:

- Current Florida Driver's license
 Other _____