

LO2000023236

LAW OFFICES  
BEHAR, GUTT & GLAZER, P.A.  
CONCORDE CENTRE II  
2999 NORTHEAST 191st STREET, FIFTH FLOOR  
AVENTURA, FLORIDA 33180

ATRIUM FINANCIAL CENTER  
1515 NORTH FEDERAL HIGHWAY, SUITE 300  
BOCA RATON, FLORIDA 33432

DAVID L. GLAZER  
IRA GUTT  
BRIAN S. BEHAR\*  
MITCHELL A. MEYERS ††  
RICHARD G. FOWLER  
EDWARD P. DEGENHARDT\*\*\*  
ROBERT J. EDWARDS †  
JEFFREY M. GOTT \*\*††

E-MAIL: jgott@bgglaw.net

DADE: (305) 931-3771  
BROWARD: (954) 733-7030  
DADE FAX: (305) 931-3774

PALM BEACH: (561) 347-7160  
PALM BEACH FAX: (561) 347-7164

REPLY TO: AVENTURA

\* ALSO ADMITTED IN NY & NJ  
\*\* ALSO ADMITTED IN SC  
\*\*\* ALSO ADMITTED IN NJ & PA  
† ALSO ADMITTED IN HI  
†† ALSO ADMITTED IN NC

300007562773-4  
-09/06/02--01024--016  
\*\*\*\*155.00 \*\*\*\*155.00

September 5, 2002

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Effective Date -  
9-5-02

Via Federal Express

02 SEP -6 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

Re: Articles of Organization for Pines West Family Medicine, LLC

Dear Gentlemen or Madam:

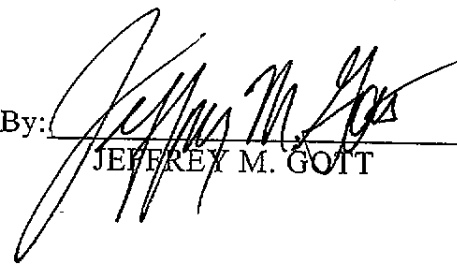
Enclosed are the duly executed Articles of Organization for Pines West Family Medicine, LLC. Please file these Articles immediately upon receipt.

Also enclosed is a check for \$155.00, which I understand to be your fee for filing (\$100), designating a registered agent (\$25), and providing me with a certified copy (\$30).

Your attention in this regard is appreciated.

Sincerely,

BEHAR, GUTT & GLAZER, P.A.,

By:   
JEFFREY M. GOTT



JMG  
Enclosure(s)  
S:\000000.00\Jmg\new\_cases\eglazer\_corp.letter.wpd

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Pines West Family Medicine, LLC

**ARTICLE II - Address:**

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

18608 SW 46th Street  
Miramar, FL 33029

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

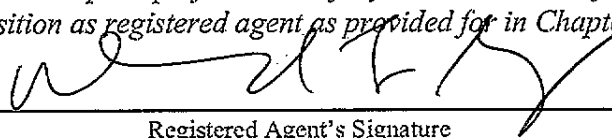
The name and the Florida street address of the registered agent are:

David L. Glazer, Esq.  
Name

2999 NE 191st Street, Fifth Floor  
Florida street address (P.O. Box **NOT** acceptable)

Aventura FL 33180  
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 - Management (Check box if applicable.)**

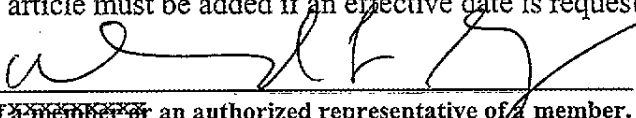
The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

APPROVED AND FILED  
02 SEP - 6 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Article V**

(An additional article must be added if an effective date is requested)

Effective Date:  
September 5, 2002

  
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.)

David L. Glazer, Esq., Representative for Elyse H. Glazer, DO  
Type 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)