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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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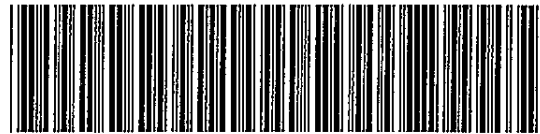
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



James M. Shuta  
Attorney At Law

February 12, 2003

Bureau of Commercial Recording  
Registration and Qualification Section  
Department of State  
P.O. Box 6327  
409 East Gaines Street  
Tallahassee, Florida 32301

Re: S. GOLDMAN, M.D./C. PITARYS, M.D. L.L.C.

Gentle(wo)men:

Enclosed is the original of the following documents which are submitted to you for the purpose of commencing this business:

1. Articles of Organization
2. Registered Agent Certificate

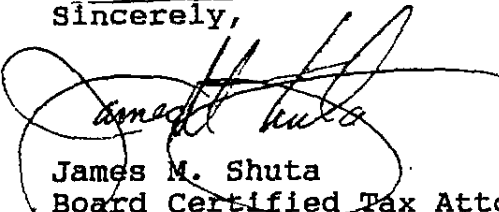
Also enclosed is a check in the amount of \$ 160.00 for the following:

Filing Fee	\$ 100.00
Registered Agent Fee	25.00
Certified Copy	30.00
Certificate of Status	5.00

Please return the certified copy and the Certificate to me after recording.

Thank you for your continued assistance.

Sincerely,



James M. Shuta  
Board Certified Tax Attorney

ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY

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Pursuant to Section 608.407 Florida Statutes, the Limited Liability Company named below submits the following Articles of Organization:

ARTICLE I

Name

The name of the Limited Liability Company is:

S. GOLDMAN, M.D./C. PITARYS, M.D. L.L.C.

ARTICLE II

Business

This Limited Liability Company shall engage in the business of ownership of real, personal and/or mixed property.

ARTICLE III

Address

The mailing address and street address of the Principal Office is:

14100 Fivay Road, Suite 110  
Hudson, Florida 34668

ARTICLE IV

Duration

The Limited Liability Company shall commence upon filing the Certificate with the Secretary of State of Florida and shall continue perpetually thereafter unless sooner dissolved by law or by written consent of all the Members hereto.

ARTICLE V

Management

The Limited Liability Company shall be managed by its Members whose name, mailing address and street address are:

Stephen A. Goldman, M.D.  
5723 High Street  
New Port Richey, FL 34652

Christos J. Pitarys II, M.D.  
5723 High Street  
New Port Richey, FL 34652

ARTICLE VI

Restrictions on Transfers

No Member may sell, assign, transfer, encumber, or otherwise dispose of any interest in the Limited Liability Company without first offering to sell such interest to the other Members.

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ARTICLE VII  
Members Rights to Continue Business

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The withdrawal of a Member, whether voluntary or involuntary shall have no effect upon the continuation of the Limited Liability Company's business.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE VIII  
Effective Date

The effective date of the Limited Liability Company shall be as of the date of filing with the Secretary of State of Florida.

These Articles of Organization of a Florida Limited Liability Company are executed by either a majority in voting interest of the Members or by one or more Members authorized by a majority in voting interest of the Members.

SIGNED this 25 day of March, 2003.

WITNESSES:

[Signature]  
Sign Name

Ann Morrison  
Print Name

[Signature]  
Sign Name

Diane Estep  
Print Name

[Signature]  
Sign Name

Ann Morrison  
Print Name

[Signature]  
Sign Name

Diane Estep  
Print Name

MEMBERS:

STEPHEN A. GOLDMAN, M.D. TRUST

[Signature]  
Stephen A. Goldman, M.D., Trustee  
Member as to a 50% interest

[Signature]  
Christos J. Pitarys II, M.D.  
Member as to a 50% interest

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STATE OF FLORIDA  
COUNTY OF PASCO

I HEREBY CERTIFY that on the 25 day of MARCH, 2003, the foregoing was acknowledged before me by Stephen A. Goldman, M.D. (X) who is personally known to me or ( ) who produced \_\_\_\_\_ as identification and who ( ) did or ( ) did not take an oath.

Sue Ann Nelson  
Notary Public, State of Florida

Sue Ann Nelson  
(Printed Name) My Commission DD167788  
My Commission Expires: Expires March 07 2007

Commission No. \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF PASCO

I HEREBY CERTIFY that on the 25 day of MARCH, 2003, the foregoing was acknowledged before me by Christos J. Pitarys II, M.D. (X) who is personally known to me or ( ) who produced \_\_\_\_\_ as identification and who ( ) did or ( ) did not take an oath.

Sue Ann Nelson  
Notary Public, State of Florida

Sue Ann Nelson  
(Printed Name) My Commission DD167788  
My Commission Expires: Expires March 07 2007

Commission No. \_\_\_\_\_

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

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Pursuant to the provisions of section 608.415 Florida Statutes, the undersigned LIMITED LIABILITY COMPANY, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the Limited Liability Company is:

S. GOLDMAN, M.D./C. PITARYS, M.D. L.L.C.

2. The name and address of the registered agent and office is:

Stephen A. Goldman, M.D.  
14100 Fivay Road, Suite 110  
Hudson, Florida 34668

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.

  
\_\_\_\_\_  
Stephen A. Goldman, M.D.  
Registered Agent

Date: 3-25, 2003