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W99-29240

00789-02827-00476-00471

December 13, 1999

Florida Department of State  
Division of Corporations  
Corporate Records Bureau  
Post Office Box 6327  
Tallahassee, FL 32301

MJH

Re: SUNCOAST PHYSICIAN MANAGEMENT, LLC.

800003071239--3  
-12/15/99--01057--022  
\*\*\*\*\*78.75 \*\*\*\*\*78.75  
800003071239--3  
-12/15/99--01057--023  
\*\*\*\*\*125.00 \*\*\*\*\*46.25

Dear Sir or Madam:

Enclosed for filing are the proposed Articles of Incorporation for SUNCOAST PHYSICIAN MANAGEMENT, LLC, along with our check in the amount of \$125.00, covering the fee for filing and a certified copy of the Articles.

Please file the original Articles and forward a certified copy of the Articles to me at Post Office Box 49017, Sarasota, Florida 34230.

Sincerely yours,

RUDEN, McCLOSKEY, SMITH,  
SCHUSTER & RUSSELL, P.A.

  
Tami F. Conetta

TFC/kp  
Enclosures

99 DEC 15 PM 3:38  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

December 23, 1999

TAMI F. CONETTA  
RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSE  
POST OFFICE BOX 49017  
SARASOTA, FL 34236

SUBJECT: SUNCOAST PHYSICIAN MANAGEMENT, LLC  
Ref. Number: W99000029240

We have received your document for SUNCOAST PHYSICIAN MANAGEMENT, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$76.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges  
Document Specialist

Letter Number: 599A00060026

**ARTICLES OF ORGANIZATION  
OF  
SUNCOAST PHYSICIAN MANAGEMENT, LLC  
a Florida Limited Liability Company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME. The name of the Limited Liability Company is Suncoast Physician Management, LLC (the "Company").

2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address of the principal office of the Company is:

4411 Bee Ridge Road, #456  
Sarasota, Florida 34233

3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Tami F. Conetta, 1549 Ringling Boulevard, Suite 600, Sarasota, Florida 34236.

4. MANAGEMENT. The business of the limited liability company shall be managed by one or more managers and is, therefore, a manager-managed company.

The undersigned has executed these Articles of Organization on the 13 day of December, 1999.

SUNCOAST PHYSICIAN MANAGEMENT, LLC

By: Tami F. Conetta  
TAMI F. CONETTA, as designated representative  
of the Members

99 DEC 15 PM 1:48

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**CERTIFICATION OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

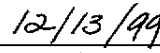
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Suncoast Physician Management, LLC.
2. The name and address of the registered agent and office is:

Tami F. Conetta, Esq.  
1549 Ringling Boulevard, Suite 600  
Sarasota, Florida 34236

*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 its 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.*

  
\_\_\_\_\_  
Tami F. Conetta  
Registered Agent

  
\_\_\_\_\_  
(Date)