

L00000000317

Rogers, Towers, Et al - Mary Rose
Requestor's Name

106 S. Monroe Street
Address

Tallahassee, Florida 32301
City/State/Zip Phone #

222-7200

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. LBA Healthcare Consulting Services, LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 1.10.00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JAN 10 AM 11:00

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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****125.00 ****125.00

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00 JAN 10 AM 10:44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

(4)
Please provide stamped copy
Thank You.

3K 1/10/00
Examiner's Initials

ARTICLES OF ORGANIZATION
OF
LIMITED LIABILITY COMPANY OF
LBA HEALTHCARE CONSULTING SERVICES, LLC

The undersigned, for the purpose of forming a Limited Liability Company under Chapter 608, Florida Statutes, does hereby adopt the following Articles of Organization:

ARTICLE I
NAME

The name of this Limited Liability Company is:

LBA HEALTHCARE CONSULTING SERVICES, LLC

ARTICLE II
ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 1301 Riverplace Blvd., Suite 2400, Jacksonville, Florida 32207. The members may, from time to time, move the principal office to any other address in the State of Florida and may establish additional offices in and out of the State of Florida.

ARTICLE III
DURATION

The Limited Liability Company shall commence its existence on the date these Articles of Organization are filed by the Florida Secretary of State. The Limited Liability Company's existence shall be perpetual unless dissolved sooner pursuant to law. The Limited Liability Company is NOT to be a term company.

ARTICLE IV
INITIAL REGISTERED OFFICE AND AGENT

The name and address of the initial registered agent of the Limited Liability Company is:

David Brinson
1301 Riverplace Blvd., Suite 2400
Jacksonville, Florida 32207

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SECRETARY OF CORPORATIONS
00 JAN 10 AM 11:00

ARTICLE VI
CONTINUATION OF BUSINESS

The Limited Liability Company shall be dissolved 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 unless the business of the Limited Liability Company is continued by the consent of all the remaining members, provided there is at least one remaining member.

ARTICLE VIII
MANAGEMENT

The Limited Liability Company shall be manager-managed. The name and address of the initial manager is:

Lafaye, Brock and Associates, P.A.
Attn: David Brinson
1301 Riverplace Blvd., Suite 2400
Jacksonville, Florida 32207

602432

ARTICLE IX
AMENDMENTS

The Limited Liability Company reserves the right to amend or repeal any provision of these Articles of Organization, or any amendment(s) thereto, and any right conferred upon the Members is subject to this reservation.

IN WITNESS WHEREOF, the undersigned members of the Company have executed these Articles of Organization this 7 day of January, 2000.

Lafaye, Brock and Associates, P.A.

By: David A Brinson
Print: David Brinson
Its: Vice President

LeeAnn Mengel
LeeAnn Mengel

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.425, 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:

LBA HEALTHCARE CONSULTING SERVICES, LLC

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

David Brinson
1301 Riverplace Blvd., Suite 2400
Jacksonville, Florida 32207

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.

By: _____

David Brinson

DATE

1-7-2000

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