

CAPITAL CONNECTION, INC.

411 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • (850) 342-8870 • Fax (850) 342-1222

✓ 00000003021

Gulf Breeze Medical
And Surgical Associates, LLC

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-03/16/00--01046--008
****160.00 ****160.00

L00-3021

Name Available	3-16
Doc	3-16
Exe	3-16
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W	3-16

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File	_____
LTD Partnership File	_____
Foreign Corp. File	_____
✓ L.C. File	Cert
Fictitious Name File	_____
Trade/Service Mark	_____
Merger File	_____
Art. of Amend. File	_____
RA Resignation	_____
Dissolution / Withdrawal	_____
Annual Report / Reinstatement	_____
✓ Cert. Copy	_____
Photo Copy	_____
✓ Certificate of Good Standing	_____
Certificate of Status	_____
Certificate of Fictitious Name	_____
Corp Record Search	_____
Officer Search	_____
Fictitious Search	_____
Fictitious Owner Search	_____
Vehicle Search	_____
Driving Record	_____
UCC 1 or 3 File	_____
UCC 11 Search	_____
UCC 11 Retrieval	_____
Courier	_____

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00 MAR 16 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

00 MAR 16 AM 11:45

DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
GULF BREEZE MEDICAL AND SURGICAL ASSOCIATES, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME:

The name of the limited liability company shall be:

GULF BREEZE MEDICAL AND SURGICAL ASSOCIATES, LLC ("company")

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the company shall be:

10806 U.S. Highway 19 Suite 102
Port Richey, Florida 34668

ARTICLE III - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the state of Florida is:

Peter A. Napolitano, Esq.
7617 Little Road
New Port Richey, Florida 34654

Having been named as the 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.


Peter A. Napolitano, Esq.
Registered Agent

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.

 *Core*
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.)

HAIDER KHAN for Delta Medical LLC Management, LLC
Typed or printed name of signee

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TALLAHASSEE, FLORIDA