

Mar-28-2000 09:04am

From: BAKER & HOSTETLER LLP

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**LIMITED LIABILITY COMPANY**

**Central Florida Associated Primary Care Physicians,**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Baker & Hostetler LLP  
Post Office Box 112  
Orlando, Florida 32802-0112  
(407) 649-4000

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## Articles of Organization

of

### CENTRAL FLORIDA ASSOCIATED PRIMARY CARE PHYSICIANS, P.L.

#### ARTICLE I

##### Name and Duration

The name of this professional limited liability company is Central Florida Associated Primary Care Physicians, P.L. (hereinafter referred to as the "Company"). The duration of the Company shall commence upon the filing of these Articles of Organization and shall be perpetual

#### ARTICLE II

##### Principal Office

The mailing address and street address of the principal office of the Company is 101 S 11<sup>th</sup> Street, Suite 4, Leesburg, Florida 34748, or such other place as the Members of the Company may determine from time to time

#### ARTICLE III

##### Registered Office and Agent

The address of the registered office of the Company in the State of Florida is 101 S. 11<sup>th</sup> Street, Suite 4, Leesburg, Florida 34748. The name of the registered agent at such address is Associated Primary Care Physicians, P.A.

#### ARTICLE IV

##### Initial Members

The name and address of the initial members of the Company (the "Member") are

Associated Primary Care Physicians, P.A.  
101 S. 11<sup>th</sup> Street, Suite 4  
Leesburg, Florida 34748

Steven E. Hawk, P.A.  
701 N Palmetto Street, Suite B  
Leesburg, Florida 34748

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ARTICLE V

Management

The management of the Company shall be reserved to the members.

DATED as of the 23 day of March, 2000

ASSOCIATED PRIMARY CARE  
PHYSICIANS, P.A.

By: Jacquelyn E. Puglia  
Jacquelyn Puglia, M.D., President

STATE OF FLORIDA       )  
                                  ) SS.  
COUNTY OF LAKE       )

The foregoing instrument was acknowledged before me this 23 day of March, 2000, by Jacquelyn Puglia, M.D., as President of the Member of the Company. She is personally known to me or has produced \_\_\_\_\_ as identification.

(NOTARY SEAL)



Ellen M. Cannella  
My Commission CC736945  
Expires April 26, 2002

Ellen M. Cannella  
(Notary Signature)

ELLEN M. CANNELLA  
(Notary Name Printed)  
NOTARY PUBLIC

Commission No. CC.736945

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CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Florida Statute Section 608.415, Central Florida Associated Primary Care Physicians, P.L. submits the following statement in designating the registered office/registered agent, in the State of Florida:

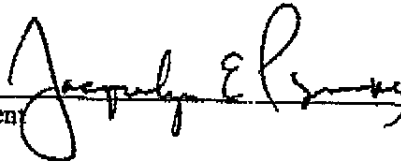
1. The name of the limited liability company is Central Florida Associated Primary Care Physicians, P.L.
2. The name and address of the registered agent and office Associated Primary Care Physicians, P.A., 101 S 11<sup>th</sup> Street, Suite 4, Leesburg, Florida 34748.

Having been named as registered agent and to accept service of process for the above-named limited liability company at the place designated in this certificate, the undersigned, by and through its duly elected officer, hereby accepts appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of the position as registered agent.

Dated: March 23, 2000

Associated Primary Care Physicians, P A

By: \_\_\_\_\_  
President



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