

000000006195



ACCOUNT NO. : 072100000032

REFERENCE : 692631 6457A

AUTHORIZATION

COST LIMIT : \$ 155.00

*Patricia Pizutto*

00 MAY 10 PM 2:50  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

ORDER DATE : May 10, 2000

ORDER TIME : 12:07 PM

ORDER NO. : 692631-005

3000003246958--6

CUSTOMER NO: 6457A

CUSTOMER: Ms. Dale Barnett  
ARNOLD MATHENY & EAGAN, P.A.  
ARNOLD MATHENY & EAGAN, P.A.  
P. O. Box 2967

Orlando, FL 32802-2967

W-12273

DOMESTIC FILING

NAME: SCOTT C. BRADY M.D. CHARTERED

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS:

RECEIVED  
00 MAY 10 PM 1:49  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

700A00030368



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 10, 2000

CSC  
ATTN: JEANINE REYNOLDS

SUBJECT: SCOTT C. BRADY M.D. CHARTERED  
Ref. Number: W00000012273

**RESUBMIT**  
PLEASE RETURN TO THE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for SCOTT C. BRADY M.D. CHARTERED and the authorization to debit your account in the amount of \$155.00. However, the document has not been filed and is being returned for the following:

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "L.C." or "L.L.C."

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) 487-6958.

Lee Rivers  
Document Specialist

Letter Number: 200A00026228

**RECEIVED**  
00 MAY 24 AM 11:26  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 24, 2000

CSC  
ATTN: JEANINE REYNOLDS

SUBJECT: SCOTT C. BRADY M.D. CHARTERED  
Ref. Number: W00000012273

**RESUBMIT**  
Please give original  
submission date as file date.

We have received your document for SCOTT C. BRADY M.D. CHARTERED and the authorization to debit your account in the amount of \$155.00. However, the document has not been filed and is being returned for the following:

The specific purpose of the entity must be set forth in the document.

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) 487-6958.

Lee Rivers  
Document Specialist

Letter Number: 600A00029593

**RECEIVED**  
00 MAY 30 PM 12:08  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR PROFESSIONAL SERVICE  
LIMITED LIABILITY COMPANY**

This Professional Limited Liability Company (the "Limited Liability Company") is organized under the provisions of Chapters 608 and 621, Florida Statutes for the purpose of providing such professional services as are hereafter specified

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

**SCOTT C. BRADY M.D. PLC**

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

801 N. Magnolia Avenue, Suite 201  
Orlando, Florida 32803

**ARTICLE III – Duration and Areas of Practice:**

The period of duration for the Limited Liability Company shall be perpetual. The areas of practice of the Limited Liability Company are limited to family and internal medicine, and psychosomatic medicine.

**ARTICLE IV – Management:**

The Limited Liability Company is a manager-managed Limited Liability Company. The Limited Liability Company shall be managed by the manager(s) who is (are) designated, appointed or elected to act in such capacity in accordance with the Operating Agreement of the Limited Liability Company.

(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.)



**Arthur R. Louv. – Authorized Representative**

00 MAY 10 PM 2:50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**CERTIFICATE 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 TO DESIGNATE A REGISTERED OFFICE AND  
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is

**SCOTT C. BRADY M.D. PLC**

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

Arnold, Matheny & Eagan, P.A.  
801 N. Magnolia Avenue, Suite 201  
Orlando, Florida 32803

*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.*

ARNOLD, MATHENY & EAGAN, P.A.

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

Arthur R. Louv