L00000010651

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000046556 7)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)922-4003

From:
Account Name : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL, P.A.
Account Number : 076077000521
Phone : (954)761-2910
Fax Number : (954)764-4996

FILED
00 SEP -5 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
00 SEP -5 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WL 9/5

LIMITED LIABILITY COMPANY

Manatee Medical Specialists, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	$160.00

4

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 5, 2000

RUDEN, MCCLOSKEY

,

SUBJECT: MANATEE MEDICAL SPECIALISTS, LLC
REF: W00000021767

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Limited liability companies file articles of organization, not articles of incorporation. The articles you submitted are for forming a new corporation in Florida, not for filing an LLC.,

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

FAX Aud. #: H00000046556
Letter Number: 900A00047017

FILED
00 SEP -5 PM 3:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H00000046556 7

ARTICLES OF ORGANIZATION
OF
MANATEE MEDICAL SPECIALISTS, 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 MANATEE MEDICAL SPECIALISTS, LLC (the "Company").

2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address of the principal office of the Company is: 2221 59th Street West, Bradenton, Florida 34209.

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, c/o Ruden, McClosky, Smith, Schuster & Russell, P.A., 1549 Ringling Boulevard, Sarasota, Florida 34236.

4. MANAGEMENT. The Company will be manager-managed.

The undersigned has executed these Articles of Organization on the 5th day of September, 2000.

MANATEE MEDICAL SPECIALISTS, LLC

By: _____
Tami F. Conetta, Authorized Signatory
of the Members

FILED
00 SEP -5 PM 3:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H00000046556 7

FTL:707812:1

H00000046556 7

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: MANATEE MEDICAL SERVICES, LLC.

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

Tami F. Conetta, Esq.
c/o Ruden, McClosky, Smith, Schuster & Russell, P.A.
1549 Ringling Boulevard
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.

FILED
00 SEP -5 PM 3:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MANATEE MEDICAL SERVICES, LLC

By: Tami F. Conetta
Title: Registered Agent

September 5, 2000
(Date)