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HENRY P. TRAWICK, P.A.  
P.O. Box 4019  
Sarasota, Florida 34230  
941 366-0660

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\*\*\*\*155.00 \*\*\*\*155.00

LLC TRANSMITTAL:

Re: Raymond D. Hautamaki, M.D., LLC Date: December 4, 2000

Enclosed are the original and copy of proposed articles of organization with our check for your fees computed as:

Filing fee	\$ 125.00
Certified Copy	\$ 30.00

Please certify the copy and return it to us.

Division of Corporations  
Department of State  
P.O. Box 6327  
Tallahassee, Florida 32314

HPT/jam

FILED  
00 DEC -6 AM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mt  
12/11

RAYMOND D. HAUTAMAKI, M.D., LLC  
ARTICLES OF ORGANIZATION

BY THESE ARTICLES the undersigned member forms a limited liability company under Florida law:

1. NAME. The name of this limited liability company is RAYMOND D. HAUTAMAKI M.D., LLC.
2. ADDRESS. The mailing address of the principal office of the company is 1895 Floyd Street, Sarasota, Florida 34239 and the street address is the same.
3. REGISTERED AGENT. The name of the initial registered agent is Raymond D. Hautamaki. The agent's address is 1895 Floyd Street, Sarasota, Florida 34239.
4. MANAGEMENT. The company is to be a member managed company. The members reserve the right to change managers from time to time.
5. OPERATING AGREEMENT. The power to adopt, alter, amend or repeal the operating agreement of the company shall be vested in the members of the company.
6. PURPOSE. The purpose of the company is to practice medicine, conduct medical seminars and otherwise engage in and conduct or provide any business or service related to the practice of medicine within the specialties for which the member is licensed. The member is a licensed medical doctor.

DATED on November 30, 2000.

*Raymond D. Hautamaki*  
Raymond D. Hautamaki  
FILED  
00 DEC -6 -AM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED as registered agent and to accept service of process for the above named limited liability company at 1895 Floyd Street, Sarasota, Florida 34239, I hereby accept the appointment of registered agent and agree to act in this capacity. I agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties. I am familiar with and accept the obligations of my position as registered agent.

*Raymond D. Hautamaki, M.D.*  
Raymond D. Hautamaki