# Florida Department of State

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Account Name : MOORE AND WAKSLER, P.L.

Account Number : 110650003457 Phone : (941)637-1955

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# LIMITED LIABILITY COMPANY

William E. Dworet, D. O., Family Practice, P.L.

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
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| Estimated Charge      | \$155.00 |

## ARTICLES OF ORGANIZATION

# ARTICLES OF ORGANIZATION FOR FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Professional Limited Liability Company is William E. Dworet, D.O., Family Practice, P.J.

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Professional Limited Liability Company is 2400 Harbor Blvd., Suite 7, Port Charlotte, Florida, 33952. The initial registered agent and address of such agent for the Professional Limited Liability Company is William E. Dworet, 2400 Harbor Blvd., Suite 7, Port Charlotte, Florida, 33952.

#### **ARTICLE III - Duration:**

The period of duration for the Professional Limited Liability Company shall be December 31, 2050, unless earlier terminated.

#### ARTICLE IV - Management:

The management of the Limited Liability Company is reserved to the member and the name and address of the managing member is:

William E. Dworet, 2400 Harbor Blvd., Suite 7, Port Charlotte, Florida, 33952

#### ARTICLE V - Admission of Additional Members:

Additional members may be admitted from time to time as such terms and conditions are set forth by the unanimous written consent of all of the members and such additional members are licensed in the State of Florida to practice medicine.

#### ARTICLE VI - Members Rights to Continue Business:

Any successor or assignee to the interest of member, or the remaining members, if any, of the Professional Limited Liability Company shall have the right to continue the business on the death, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Professional Limited Liability Company. If the Professional Limited Liability Company has more than one member at the time of any of the occurrences above, the unanimous consent of all of the remaining members shall be needed to continue the business of the Professional Limited Liability Company.

Gary T. Fileman, Esquire 1625 W. Marion Av. St 2 Punta Gorda, FL 33950 1-941-637-1955 Fl Bar #0988250

| IN WITNESS WHEREOF, the undersigned member of vexecuted these Articles of Organization on the Agriculture day | William E. Dworet, D.O., Family Practice, P.L. has of January, 2001.                     |
|---|--|
| William E. Dworet   | SECRETARY<br>OI JAN 19   |
| Signature of a member or authorized representative of a r   | PM 5: 00   |
| (In accordance with Section 608.408(3), Florid constitutes an affirmation under the penalties of p            | a Statutes, the execution of this affidavit  |
| STATE OF FLORIDA )  |  |
| COUNTY OF CHARLOTTE )   | ath  |
| Subscribed and swom to (or affirmed) before me Dworet, who is personally known                                | on the day of January, 2001, by William E.  to me or who has produced as identification. |
|   | Jan & Reese  |
| JOAN L. REESE<br>MY COMMISSION # CC 764289  | NOTARY PUBLIC - STATE OF FLORIDA<br>Print Name: JOAN L. REESE                            |

### ACCEPTANCE OF APPOINTMENT

RE: William E. Dworet, D.O., Family Practice, P.L.

Pursuant to Section 608.407 (1) (c), 608.415 and 621.13 (4), of the Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above limited liability company and agrees to act in the capacity and to comply with the provisions of the Florida Professional Service Corporations and Limited Liability Act and the Florida Limited Liability Company Act relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, such position.

Dated: January