

Florida Department of State

Division of Corporations 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.

(((H150000136183)))



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)617-6383

From:

Account Name : FALLACE & LARKIN. L.C.

Account Number: 120000000191 : (321)951-9900 Phone Fax Number : (321)724~6002

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CENTRAL FLORIDA HAND CENTER, LLC

Certificate of Status 0 Certified Copy 0 Page Count 02 Estimated Charge \$25.00

K. SALY EXAMINER

JAN 2 0 2015

Electronic Filing Menu

Corporate Filing Menu

Help

H15000013618 3

#095 P.003/004

H15000013618 3

FILED

2015 JAN 16 PM 3: 48

SECRETARY OF STATE FALLAHASSEE, FLORIDA

AMENDED AND RESTATED ARTICLES OF ORGANIZATION FOR

CENTRAL FLORIDA HAND CENTER, LLC

a Florida limited liability company

ARTICLE I - RESTATEMENT OF ORIGINAL ARTICLES OF ORGANIZATION.

Pursuant to §605.0202 Fla. Stat. the undersigned Members and Manager of: CENTRAL FLORIDA HAND CENTER, LLC, a Florida limited liability company (the "Company"), hereby elect for the Company to be subject to the provisions of the "Florida Revised Limited Liability Company Act" codified in Chapter 605 of the Florida Statutes, cited as and as defined in §605.0101; (§605.0101-§605.1108 Fla. Stat.). This Restatement Articles of Organization shall completely restate and replace in its entirety the Articles of Organization previously filed for the Company on or about February 28, 2001 as document #L01000003073.

ARTICLE II - NAME

The name of the Company shall continue to be: CENTRAL FLORIDA HAND CENTER, LLC, a Florida limited liability company

ARTICLE III - ADDRESS

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

Principal Office Address:

Mailing Address:

200 E, Hibiscus Blvd., Melbourne, Florida 32901 200 E. Hibiscus Blvd., Melbourne, Florida 32901

ARTICLE IV - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

James H. Fallace Fallace & Larkin, L.C. 1900 S. Hickory St. Melbourne, Fl. 32901

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 as provided in Chapter 605, F.S.

James II. Fallage, Registered Agent

#095 P.004/004

н15000013618 3

FILED
2015 JAN 16 PM 3: 48
FALLAHASSEE FLORID.

ARTICLE V - MANAGEMENT

In accord with the provisions of §605.0201(3)(a) Fla. Stat. and §605.0407 Fla. Stat. the Company shall be: "Manager-managed". The name and address of each person authorized to manage and control the Company:

Title: "MGR"
Carlos Woodward, M.D. Manager
200 E. Hibiscus Blvd.,
Melbourne, Florida 32901

ARTICLE VI: EFFECTIVE DATE:

These Restated Articles of Organization shall be deemed effective as of the date of filing of this document with the Florida Department of State.

ARTICLE VII: OTHER PROVISIONS:

The designated Manager shall have all authority and powers as provided in §605.0407 Fla. Stat.

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) I am aware that any false information submitted to in a document to the Department of State constitutes a third degree felony as provided for in §817.155, F.S.)

Carlos Woodward, M.D., Manager/Member (Signature)

Carlos Woodward, M.D. (Printed Name of member/Manager)