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March 8, 2001

Florida Department of State  
409 E. Gaines Street  
Tallahassee, Florida 32399

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-03/09/01--01090--003  
\*\*\*\*125.00 \*\*\*\*125.00

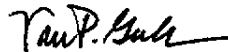
RE: R. Lawrence Hatchett, M.D., LLC

To Whom It May Concern:

Enclosed for filing is the original Articles of Organization for R. Lawrence Hatchett, M.D., LLC. We are also enclosing a check in the amount of \$125.00 for the filing fees.

Please call if you should need additional information.

Sincerely,



Van P. Geeker

VPG/meh

Attachments

cc: R. Lawrence Hatchett, M.D.

01 MAR -9 AM 11:07  
RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATION  
01 MAR -9 AM 11:25  
RECEIVED

MAIL-OUT

**ARTICLES OF ORGANIZATION**

**OF**

**R. LAWRENCE HATCHETT, M.D., LLC**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purposes 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 **R. LAWRENCE HATCHETT, M.D., LLC** (the LLC).

2. Purpose. The purpose for which the LLC is organized is urological consulting services.

3. Address of Place of Business. The mailing and street address of the principal place of business in Florida for the LLC is:

3334 Capital Medical Boulevard, Suite 600  
Tallahassee, Florida 32308.

4. Registered Agent. The name and address of the initial registered agent in Florida for the LLC is:

**R. LAWRENCE HATCHETT, M.D.**  
3334 Capital Medical Boulevard, Suite 600  
Tallahassee, Florida 32308

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
01 MAR -9 AM 11:45

FILED

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 for in Chapter 608, F.S.

[Signature]  
R. Lawrence Hatchett, M.D., Registered Agent

Executed at Tallahassee, Florida, on the 7<sup>th</sup> day of March, 2001.

[Signature]  
R. Lawrence Hatchett, M.D., Member

STATE OF FLORIDA

COUNTY OF LEON

The foregoing instrument was acknowledged before me this 7<sup>th</sup> day of March, 2001, by **R. LAWRENCE HATCHETT, M.D.**, who is personally known to me and who did not take an oath.

[Signature]  
Signature of Notary Public

Notary Stamp/Seal:



Van P. Geeker  
MY COMMISSION # CC831964 EXPIRES  
June 22, 2003  
BONDED THRU TROY FAIN INSURANCE, INC.

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R. LAWRENCE HATCHETT, M.D., LLC\Forms\Articles of Organization.doc

01 MAR 2001 11:45  
STATE OF FLORIDA  
TALLAHASSEE