

CCRS
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

L01000005786

CONTACT: CINDY HICKS

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-04/13/01--01039--024
***155.00 ***155.00

DATE: 4-13-01

REF. #: 0174.15424

CORP. NAME: WALTER R. HEPP, MD, PL

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1 | <input type="checkbox"/> UCC-3 |
| <input type="checkbox"/> OTHER: _____ | | |

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01 APR 13 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 APR 13 AM 11:29
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

STATE FEES PREPAID WITH CHECK# 10643 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

L01-5786
R

ARTICLES OF ORGANIZATION

WALTER R. HEPP, MD, PL,
a Florida professional limited liability company

ARTICLE I NAME

The business and affairs of the Professional Limited Liability Company shall be conducted under the name of:

WALTER R. HEPP, MD, PL

ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Professional Limited Liability Company within the State of Florida shall be:

1540 South Tamiami Trail
Sarasota, Florida 34239

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Professional Limited Liability Company and its initial registered agent shall be:

Walter R. Hepp

1522 Hillview Drive
Sarasota, Florida 34239

ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Professional Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Professional Limited Liability Company.

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ARTICLE V
PURPOSES

The purposes of the Professional Limited Liability Company are to engage in the practice of medicine and any activity or business permitted under the laws of the United States and the State of Florida.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the 12th day of April, 2001.

WITNESSES:

Janice Haigh
Print Name JANICE HAIGH

Jack M. Maag
Print Name JACK M. MAAG

Walter R. Hepp
Walter R. Hepp

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TALLAHASSEE, FLORIDA

"MANAGER"

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Professional Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Professional Limited Liability Company is:


WALTER R. HEPP, MD, PL
2. The name and the Florida street address of the registered agent are:

Walter R. Hepp
1522 Hillview Drive
Sarasota, Florida 34239

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Having been named to accept service of process for the above stated Professional 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: 4-12-01



Walter R. Hepp

"REGISTERED AGENT"