

Division of Corporations

Page 1 of 1

**L01000006133****Florida Department of State**

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

**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.**

(((H01000042667 5)))

**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) 205-0383

**From:**

Account Name : CARLTON FIELDS  
Account Number : 076077000355  
Phone : (813) 223-7000  
Fax Number : (813) 229-4133

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 APR 20 PM 2:29

FILED

AL

**LIMITED LIABILITY COMPANY****HAMMESFAHR NEUROLOGICAL INSTITUTE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

**Electronic Filing Menu****Corporate Filing****Public Access Help**

**CARLTON FIELDS**

ATTORNEYS AT LAW

ONE HARBOUR PLACE  
777 S. HARBOUR ISLAND BOULEVARD  
TAMPA, FLORIDA 33602-5730

MAILING ADDRESS  
P.O. BOX 3239, TAMPA, FL 33601-3239  
TEL (813) 223-7000 FAX (813) 229-4133

**FAX COVER SHEET**

<b>Date:</b> April 20, 2001	<b>Phone Number</b>	<b>Fax Number</b>
<b>To:</b> Division of Corporations		(850) 205-0383
<b>From:</b> Mary P. West	(813) 223-7000	(813) 229-4133

Client/Matter No.: 43673/97625

Employee No.: 758

Total Number of Pages Being Transmitted, Including Cover Sheet: 4

Message:

☐ Original to follow Via Regular Mail ☒ Original will Not be Sent ☐ Original will follow via Overnight Courier

RECEIVED  
01 APR 20 PM 12:22  
SECTION OF STATE  
TALLAHASSEE, FLORIDA

FILED  
01 APR 20 PM 2:29  
TALLAHASSEE, FLORIDA

\*\*\*\*\*  
The information contained in this facsimile message is attorney privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone (if long distance, please call collect) and return the original message to us at the above address via the U.S. Postal Service. Thank you.  
\*\*\*\*\*

IF THERE ARE ANY PROBLEMS OR COMPLICATIONS, PLEASE NOTIFY US IMMEDIATELY AT:  
(813) 223-7000

TELECOPIER OPERATOR: \_\_\_\_\_

CARLTON, FIELDS, WARD, EMMANUEL, SMITH &amp; CUTLER, P.A.

TAMPA ORLANDO TALLAHASSEE WEST PALM BEACH ST. PETERSBURG MIAMI

H01000042667 5

**ARTICLES OF ORGANIZATION  
OF  
HAMMESFAHR NEUROLOGICAL INSTITUTE, LLC**

The undersigned, acting as the organizing member of a limited liability company under the Florida Limited Liability Company Act, adopts the following Articles of Organization for such limited liability company:

**ARTICLE I  
Name**

The name of the Company is Hammesfahr Neurological Institute, LLC (the "Company").

**ARTICLE II  
Principal Office and Mailing Address**

The principal office and mailing address of the Company are 600 Druid Road East, Clearwater, Florida 33756-3912.

**ARTICLE III  
Initial Registered Agent and Office**

The street address of the initial registered office of the Company is 600 Druid Road East, Clearwater, Florida 33756-3912, and the name of its initial registered agent at that address is William M. Hammesfahr, M.D.

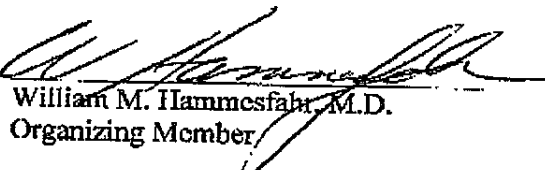
**ARTICLE IV  
Organizing Member**

The name and address of the member of the Company executing these Articles of Organization are:

<u>Name</u>	<u>Address</u>
William M. Hammesfahr, M.D.	600 Druid Road East Clearwater, Florida 33756-3912

Dated this 9 day of April, 2001.

By:

  
William M. Hammesfahr, M.D.  
Organizing Member

H01000042667 5  
David P. Burke, Esq.  
Carlton Fields  
P.O. Box 3239, Tampa, FL 33601  
Ph: 813-223-7000; Fax: 813-229-4133  
Fla. Bar No.: 350011

H01000042667 5

FILED

01 APR 20 PM 2:29

## ACCEPTANCE BY REGISTERED AGENT

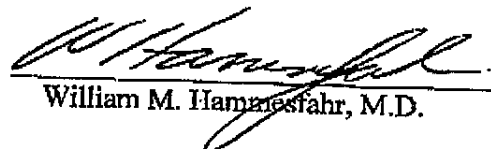
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the undersigned's duties, and the undersigned is familiar with and accepts the duties and obligations of the undersigned's position as registered agent.

Dated this 9th day of April, 2001.

REGISTERED AGENT:

By:

  
William M. Hammesfahr, M.D.

H01000042667.5

TPA#1674464.01