

AIA Florida Corp Services  
 Requester's Name  
218 Southern Country Lane  
 Address  
Gunny, FL 32351 627-4336  
 City/State/Zip Phone #

**LOIDDD DOB601**

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Physician Services of Florida, LLC  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☒ Certified Copy    ☐ Certificate of Status

RECEIVED  
 MAY 30 2001  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 01 MAY 30 PM 2:53  
 NOT RECORDED  
 TO ACHIEVE  
 SUFFICIENCY OF FILING

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

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 -05/30/01--01067--003  
 \*\*\*\*310.00 \*\*\*\*155.00

Examiner's Initials JB  
5-30-01

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I – Name:

The name of the Limited Liability Company is:  
Physician Services of Florida, LLC

## ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is.  
5997 Sweet Moody Road Green Cove Springs, FL 32043

## ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Larry Sisson

Name

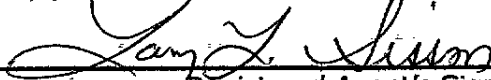
218 Southern Country Lane

Florida street address (P.O. Box **NOT** acceptable)

Quincy, FL 32351

City, State, and Zip

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 for in Chapter 608, F.S..

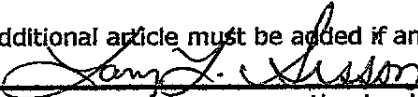


Registered Agent's Signature

Article IV – Management (Check box if applicable)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

(An additional article must be added if an effective date is requested)



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Larry Sisson

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAY 30 PM 2:53

APPROVED  
AND  
FILED