



# LO100 0013170

ACCOUNT NO. : 072100000032  
 REFERENCE : 397822 9594A  
 AUTHORIZATION : *Patricia Pzyts*  
 COST LIMIT : \$ 125.00

ORDER DATE : August 6, 2001  
 ORDER TIME : 4:0 PM  
 ORDER NO. : 397822-005  
 CUSTOMER NO: 9594A

600004520106--2

CUSTOMER: Sylvia Ibanez, Esq  
 Silvia S. Ibanez, Esq  
  
 Suite 196  
 3956 Town Center Blvd.  
 Orlando, FL 32837

DOMESTIC FILING

NAME: JUAN A. IBANEZ M.D., L.L.C.

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - EXT. 1133  
 EXAMINER'S INITIALS:

*WPK/18/01*

RECEIVED  
 01 AUG - 6 PM 4: 44  
 DIVISION OF CORPORATION  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 01 AUG - 6 AM 8: 12

APPROVED AND FILED



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

August 7, 2001

CSC  
JEANINE REYNOLDS

SUBJECT: JUAN A. IBANTEZ M.D. L.L.C.  
Ref. Number: W01000018164

We have received your document for JUAN A. IBANTEZ M.D. L.L.C. and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The name of a professional limited liability company must contain the suffix "P.L.," "P.L.C.," "PL," "PLC," or "PROFESSIONAL LIMITED COMPANY" at the end of the name. "P.L.L.C." OR "PLLC" is not an acceptable suffix in the state of Florida.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 901A00045268

01 AUG - 6 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA  
PROFESSIONAL LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JUAN A. IBANEZ M.D. PLC

ARTICLE II - Address:

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

14400 OKONIS CT. ORLANDO, FL. 32837

ARTICLE III - Registered Agent

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

ATTY. S. IBANEZ, 7380 SAND LAKE RD - Ste 500, ORLANDO, FL. 32819

ARTICLE IV - Management:

(Check the appropriate box)

- The Limited Liability Company is to be a manager-managed company.
- The Limited Liability Company is to be managed by the members.

ARTICLE V - Professional Limited Liability Company

This limited liability company shall be a professional limited liability company under Florida statutes chapter 621. The business of the company is limited to the one profession of medicine and no person or entity shall be admitted as member unless he, she or it is qualified to practice this profession. Further, no interest can be sold except to someone so qualified.

JUAN A. IBANEZ  
Signature of a member or an authorized representative of a member.

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

JUAN A. IBANEZ

Typed or printed name of signee

Filing Fee: \$100.00 for Articles

01 AUG -6 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVAL  
AND  
FILED

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED 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 limited liability company is: JUAN A. IBAÑEZ M.D. PLC

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

Silvia S. Ibanez  
NAME

7380 SAND LAKE RD - Ste. 500  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

ORLANDO, FL 32819  
CITY, STATE AND ZIP

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 AUG -6 AM 8:12

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FILED

*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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Silvia S. Ibanez  
SIGNATURE

**Filing Fee: \$25 for Designation of Registered Agent**