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North Florida Osteoporosis Clinic
2406 E. Plaza Drive
Tallahassee, FL 32308
July 24, 2001

8/21

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****160.00 ****160.00

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

WO 1-17505

To Whom It May Concern:

Enclosed is the Articles of Organization for Florida Limited Liability Company filed for the North Florida Osteoporosis Clinic. The business address is 2406 E. Plaza Drive, Tallahassee, FL 32308, phone 850-219-3290. Dr. Karen B. Cannella, M.D. is the registered agent. The effective date of business is August 1, 2001. Enclosed is a check for \$160.00 payable to the Florida Department of State for filing fees and Certified Copy and Certificate of Status.

Sincerely,

Karen B. Cannella, M.D.

Karen B. Cannella, M.D.

FILED
01 AUG 21 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 30, 2001

KAREN B. CANNELLA, M.D.
2406 E. PLAZA DRIVE
TALLAHASSEE, FL 32308

SUBJECT: NORTH FLORIDA OSTEOPOROSIS CLINIC
Ref. Number: W01000017505

We have received your document for NORTH FLORIDA OSTEOPOROSIS CLINIC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "L.C." or "L.L.C."

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

You must add an additional article to the document if you want a specific effective date.,

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 401A00044006



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 10, 2001

KAREN B. CANNELLA, M.D.
2406 E. PLAZA DRIVE
TALLAHASSEE, FL 32308

SUBJECT: NORTH FLORIDA OSTEOPOROSIS CLINIC
Ref. Number: W01000017505

We have received your document for NORTH FLORIDA OSTEOPOROSIS CLINIC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 801A00046055

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

North Florida Osteoporosis Clinic, L.L.C.

ARTICLE II - Address:

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

2406 E. Plaza Drive
Tallahassee, FL 32308

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Karen B. Cannella, MD
Name
2406 E. Plaza Drive
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32308
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.

Karen B. Cannella, MD
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)

Karen B. Cannella, MD
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.)

Karen B. Cannella, MD
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA