

LO1000017987

October 10, 2001

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

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-10/17/01--01029--004
****130.00 ****130.00

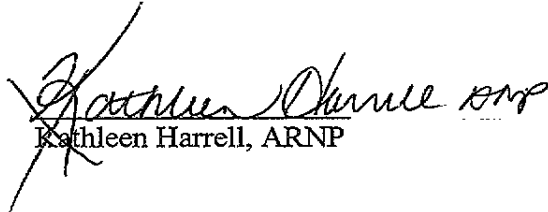
RE: Registration of Westwood Family Practice, LLC
Kathleen Harrell, ARNP
17121 Rainbow Terrace
Odessa, Florida 33556
Day phone: 813-962-4170 or
WJCarnes@ 813-254-4757

To whom it may concern:

Transmitted herewith are the following:

1. Check for \$130.00;
2. Articles of Organization for Florida Limited Liability Company.

FILED
01 OCT 17 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Kathleen Harrell, ARNP

LO1-17987
OK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Westwood Family Practice, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
Westwood Family Practice, LLC
17121 Rainbow Terrace
Odessa, Florida 33556

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

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

Kathleen Harrell, ARNP

Name

17121 Rainbow Terrace

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

Odessa FL 33556

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.

Kathleen Harrell
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)

Kathleen Harrell
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.)

Kathleen Harrell, ARNP

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)

\$130.00

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