

L02000003958

**TRANSMITTAL LETTER FOR FLORIDA PROFESSIONAL LIMITED
LIABILITY COMPANY**

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

900004778549--9
-01/16/02--01070--003
***293.75 ***130.00

SUBJECT: LexMed, P.L.

Enclosed is an original and one (1) copy.

Filings fees previously submitted.

FROM: Keith Myers
4144 NW 34th Terrace
Gainesville, FL 32605
(352) 374-4745

FILED
2002 FEB 19 PM 3:52
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LC



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 24, 2002

KEITH MYERS
4144 NW 34TH TERR
GAINESVILLE, FL 32605

SUBJECT: LEXMED
Ref. Number: W02000002017

We have received your document for LEXMED and your check(s) totaling \$293.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

The name of a professional limited liability company must end with "P.L.," "P.L.C.," "P.L.L.C.," "PL," "PLC," "PLLC," or "PROFESSIONAL LIMITED COMPANY" or "PROFESSIONAL LIMITED LIABILITY COMPANY."

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) 245-6043.

Shawn Logan
Document Specialist

Letter Number: 602A00004005

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA PROFESSIONAL LIMITED
LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Professional Limited Liability Company is:

LexMed, P.L.

ARTICLE II - Address:

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

4144 NW 34th Terrace
Gainesville, FL 32605

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual


ARTICLE IV - MANAGEMENT:

The Limited Liability Company is to be member-managed, and the name and address of the member is:

Keith Myers
4144 NW 34th Terrace
Gainesville, FL 32605

ARTICLE V - PURPOSE OF BUSINESS

The Limited Liability Company is for the rendering of medicolegal consultations and the rendering of opinions by Keith Myers, MD, a Florida licensed physician (License #ME 77625). Upon successful admission of Keith Myers to the Florida Bar, the opinions rendered by LexMed may also consist of legal advice.



Signature of member

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LEXMED, P.L.
GAINESVILLE, FLORIDA

**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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: LexMed, P.L.
2. The name and address of the registered agent and office is:

Keith Myers
4144 NW 34th Terrace
Gainesville, FL 32605

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in the certificate, I hereby accept the appointment as registered agent and agree to act in that 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 a registered agent.

Keith Myers
(Signature)

28 JAN '02
(Date)

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CLERK OF SUPERIOR COURT
GAINESVILLE, FLORIDA