## LOZOOO 12068 Medero Medical

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

**Caring for Workers** 

May 9, 2002

300005505703--5 -05/13/02--01039--003 \*\*\*\*125.00 \*\*\*\*125.00

To whom it may concern,

Please see attached filing, Articles of Organization for Medero Medical of Orange, LLC. and Check for \$125.00. Send all correspondence to:

Peter Williams General Manager Medero Medical 1109 S.W. 10<sup>th</sup> Street Ocala, FL 34474

Tel: 352 629-4355, Fax: 352 629-8642

Sincerely

Peter Williams General Manager O2 MAY I3 PM I: 3.
SECRETARY OF STATE

John Beyer Safety Director

Edward L. Demmi, M.D.

Medical Director

Cookie Dominie, R.N., COHN
Administrator

1109 S.W. 10th Street •

Ocala, Florida 34474

Tel: 352-629-3455

Fax: 352-629-8642

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is: MEDERO MEDICAL OF ORANGE, LLC

**ARTICLE I - Name:** 

ARTICLE II - Address: 1109 The mailing address and street addr	S.W. 10 <sup>th</sup> STREET, () ess of the principal office of the L	PCALA , PLOKIDA imited Liability Company	34474 . is:
ARTICLE III - Registered Agent	, Registered Office, & Registered	I Agent's Signature:	>
The name and the Florida street add	ress of the registered agent are:	ALSE C	<b>ં</b>
		字吊 :	善 而
10/14	RIO MEDERO, M.	<u>v.                                     </u>	
	Name	SET SET	5 E
110	9 S.W. 10 " STREET a street address (P.O. Box NOT acceptab		골 ㅁ
Florida	street address (P.O. Box NOT acceptab		 
			-: -:
	City, State, and Zin	<u>14.</u>	
liability company at the place design registered agent and agree to act in statutes relating to the proper and caccept the obligations of my position	this capacity. I further agree to co omplete performance of my duties.	emply with the provisions of and I am familiar with and	fall l
Article IV - Management (Check The Limited Liability Compan therefore, a manager - manage	y is to be managed by one manage	er or more managers and is	9
(An additional artic	cle must be added if an effective d	ate is requested)	
Signature of a mo	ember or an authorized representative	of a member.	
of this document	rith section 608.408(3), Florida Statutes, constitutes an affirmation under the penaed herein are true.)	the execution lties of perjury	

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)