

L02 000012756

Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : JOHNSON, BLAKELY, POPE, BOKER, RUPPEL & BURNS
Account Number : 076666002140
Phone : (727) 461-1818
Fax Number : (727) 441-8617

RECEIVED
02 MAY 24 AM 9:38
DIVISION OF CORPORATIONS

FILED
02 MAY 24 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

West Florida Urology Associates, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

L02-12756

OK

ARTICLES OF ORGANIZATION OF LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is: West Florida Urology Associates, LLC.

ARTICLE II — Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 6002 49th Street North, St. Petersburg, FL 33709-2139.

Article III — Registered Agent and Registered Office

The name and the Florida street address of the initial registered agent are: Philip M. Shasteen, 100 North Tampa Street, Suite 1800, Tampa, FL 33702-5145.

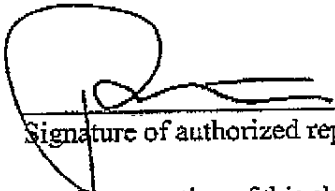
Article IV — Management:

The Limited Liability Company is to be managed by a manager and is, therefore, a manager-managed company.

Article V — Operating Agreement

Any Operating Agreement (as defined in Section 608.402(24) of the Florida Limited Liability Company Act), relating to this Limited Liability Company must be in writing and signed by all of the members.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 23rd day of May, 2002.


Signature of authorized representative

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

Philip M. Shasteen
Typed or printed name of signee

02 MAY 24 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


FILED

((H02000143374 5)))

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. 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 under Chapter 608, Florida Statutes.

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


Signature of Registered Agent

Philip M. Shasteen
Typed or printed name of signee

102 MAY 24 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

#65070

LO2 000012756

Florida Department of State
Division of Corporations
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The mailing address and street address of the principal office of the Limited Liability Company is: 6002 49th Street North, St. Petersburg, FL 33709-2139.

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The name and the Florida street address of the initial registered agent are: Philip M. Shasteen, 100 North Tampa Street, Suite 1800, Tampa, FL 33702-5145.

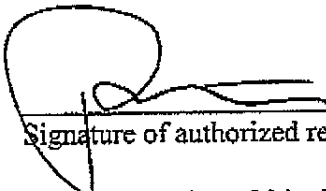
Article IV — Management:

The Limited Liability Company is to be managed by a manager and is, therefore, a manager-managed company.

Article V — Operating Agreement

Any Operating Agreement (as defined in Section 608.402(24) of the Florida Limited Liability Company Act), relating to this Limited Liability Company must be in writing and signed by all of the members.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 23rd day of May, 2002.


Signature of authorized representative

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

Philip M. Shasteen

Typed or printed name of signee

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



Signature of Registered Agent

Philip M. Shasteen

Typed or printed name of signee

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