

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

L02000017160

Patricia Harrison, M.D., P.L.

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****125.00 ****125.00

- Art of Inc. File
- LTD Partnership File
- Foreign Corp. File
- L.C. File
- Fictitious Name File
- Trade/Service Mark
- Merger File
- Art. of Amend. File
- RA Resignation
- Dissolution / Withdrawal
- Annual Report / Reinstatement
- Cert. Copy
- Photo Copy
- Certificate of Good Standing
- Certificate of Status
- Certificate of Fictitious Name
- Corp Record Search
- Officer Search
- Fictitious Search
- Fictitious Owner Search
- Vehicle Search
- Driving Record
- UCC 1 or 3 File
- UCC 11 Search
- UCC 11 Retrieval
- Courier

~~W02-19383~~

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02 JUL -3 PM 2:22
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TALLAHASSEE, FLORIDA

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JB
7-9-02

Signature

Requested by: *AW*

7/3

Name

Date

Time

WILL PICK UP

WILL PICK UP



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 3, 2002

CAPITAL CONNECTION, INC.

SUBJECT: PATRICIA HARRISON, M.D., P.L.
Ref. Number: W02000019383

We have received your document for PATRICIA HARRISON, M.D., P.L. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the entity's complete mailing address.

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) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 302A00042081

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TALLAHASSEE, FLORIDA

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AND
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ARTICLES OF ORGANIZATION
OF
PATRICIA HARRISON, M.D., P.L.

The undersigned hereby certify that we have associated ourselves together for the purposes of becoming a Limited Liability Company under the laws of the State of Florida, providing for the formation, rights, privileges and immunities of limited liabilities companies for profit. We further declare that the following articles shall be the charter and authority of the conduct of business of such limited liability company.

ARTICLE I

NAME

The name of the limited liability company shall be Patricia Harrison, M.D., P.L., and its principal place of business and its mailing address shall be at 300 Lido Cove, Niceville, Florida 32578, but it shall have the power and authority to establish branch offices at such place or places as may be designated by the members.

ARTICLE II

PURPOSES AND POWERS

The general nature of the business or businesses to be transacted and which the limited liability company is authorized to transact, in addition to those authorized by the laws of the State of Florida, and the powers of the limited liability company, shall be as follows:

1. To engage in private medical practice.
2. To engage in any other activity or business

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authorized under the Florida Statutes.

ARTICLE III

PRINCIPAL PLACE OF BUSINESS

The principal office of this limited liability company shall be located at 300 Lido Cove, Niceville, Florida 32578.

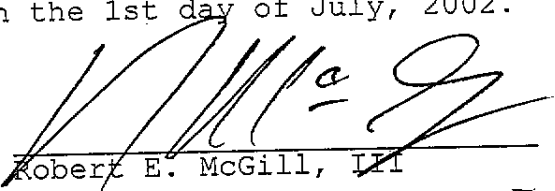
ARTICLE IV

INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the limited liability company is 36008 Emerald Coast Parkway, Suite 301, Destin, Florida 32541, and the name of its initial registered agent at such address is Robert E. McGill, III,.

The undersigned, being an authorized representative of the limited liability company, a member, hereby certifies that the foregoing constitute the Articles of Organization of Patricia Harrison, M.D., P.L.

Executed by the undersigned on the 1st day of July, 2002.


Robert E. McGill, III

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STATE OF FLORIDA
COUNTY OF OKALOOSA

Before me, the undersigned authority, personally appeared Robert E. McGill, III, who is known to me and who, being first duly sworn, states that he executed the foregoing instrument voluntarily and as the authorized representative of Patricia Harrison, M.D., P.L. for the purposes therein stated this 1st day of July, 2002.

Sherri A. Jankowski
Notary Public Sherri A. Jankowski

My Commission Expires:



ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service of process for the above-stated limited liability company at the place designated in these Articles, I hereby agree to act in this capacity, and further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Dated this 1st day of July, 2002.

[Handwritten Signature]

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