



# L02000019199

ACCOUNT NO. : 072100000032

REFERENCE : 683241 3487A

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED  
02 JUL 29 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : July 29, 2002

ORDER TIME : 4:16 PM

ORDER NO. : 683241-005

CUSTOMER NO: 3487A

CUSTOMER: Tami Dalgaard, Legal Asst  
Icard Merrill Cullis Timm  
Furen & Ginsburg, Pa  
2033 Main Street  
Suite 600  
Sarasota, FL 34237

RECEIVED  
02 JUL 29 PM 4:42  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

BK

DOMESTIC FILING

NAME: MEDCLINICS, LLC

EFFECTIVE DATE:

000006739050--0

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
MEDclinics, LLC**

FILED  
JUL 29 PM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I  
NAME**

The name of the limited liability company shall be MEDclinics, LLC ("Company").

**ARTICLE II  
PURPOSE AND POWER**

The purpose for which the Company is organized is to own, operate and manage property, real, personal and mixed, of any kind or nature, and to otherwise conduct any lawful business to promote any lawful purpose, and to engage in any lawful act or activity, for which limited liability companies may be organized under the Florida Limited Liability Company Act, including, but not limited to, the purchase, development, sale, service, lease and management of personal and real properties of all kinds and descriptions.

The Company shall have the powers provided for a limited liability company under the Florida Limited Liability Company Act, and by applicable law. All such powers shall be exercised by or under the authority of, and the business and affairs of this Company shall be managed under the direction of the managers of the Company.

**ARTICLE III  
MAILING ADDRESS AND PRINCIPAL OFFICE**

The mailing address and street address of the principal office of the Company shall be 2033 Main Street, Suite 600, Sarasota, Florida 34237.

ARTICLE IV  
INITIAL REGISTERED AGENT AND REGISTERED OFFICE

The name and street address of the initial registered agent of the Company in the State of Florida is:

J. Geoffrey Pflugner  
2033 Main Street, Suite 600  
Sarasota, Florida 34237

ARTICLE V  
MANAGEMENT

The Company is to be a manager-managed company.

ARTICLE VI  
OPERATING AGREEMENT

The Operating Agreement entered into by the members of the Company, and any amendments or restatements thereof, shall be in writing. No oral agreement among any of the members or managers of the Company shall be deemed or construed to constitute any portion of, or otherwise affect the interpretation of, the Operating Agreement of the Company, as amended and in existence from time to time.

IN WITNESS WHEREOF, the undersigned member (or authorized representative) has executed these Articles of Organization at Sarasota, Florida, as of July 29, 2002.



J. Geoffrey Pflugner as Agent

**CERTIFICATE OF DESIGNATION OF J. GEOFFREY PFLUGNER  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE LIMITED LIABILITY COMPANY DESCRIBED BELOW SUBMITS THE FOLLOWING  
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT IN THE  
STATE OF FLORIDA.

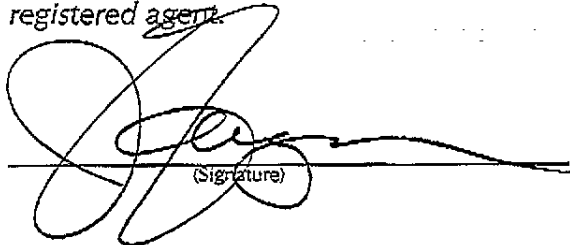
1. The name of the limited liability company is:

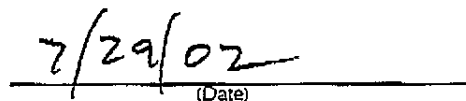
MEDclinics, LLC

2. The name and address of the registered agent and office is:

J. Geoffrey Pflugner  
2033 Main Street, Suite 600  
Sarasota, Florida 34237

*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 as registered agent.*

  
(Signature)

  
(Date)