

L02000031406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

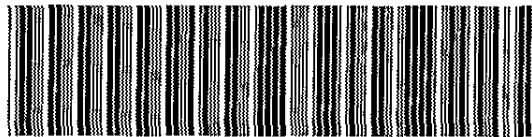
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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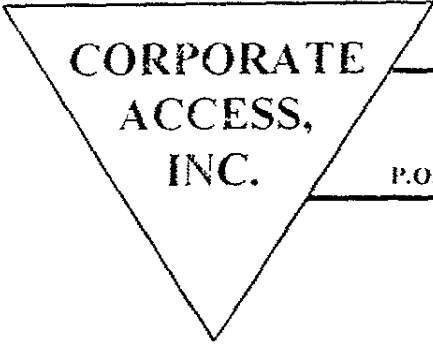
11/22/02--01003--009 **375.00

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236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN
PICK UP 11/24/02 *[Signature]*

____ CERTIFIED COPY _____ CUS _____

✓ PHOTO COPY _____ ✓ FILING LLC _____

1.) Dorothy T. Christman, M.D., P.L.
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

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SPECIAL INSTRUCTIONS _____

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**ARTICLES OF ORGANIZATION
OF
DOROTHY T. CHRISTMAN, M.D., P.L.
a Florida Professional Limited Liability Company**

**ARTICLE I.
NAME**

The name of this professional limited liability company is DOROTHY T. CHRISTMAN, M.D., P.L.

**ARTICLE II.
ADDRESS**

The initial mailing and street address of the principal office of the limited liability company is:

1650 Winding Creek Rd.
Dunedin, FL 34698

**ARTICLE III.
DURATION**

This professional limited liability company's existence shall commence upon the acceptance of the Articles of Organization by the Secretary of State of Florida and shall have perpetual duration.

**ARTICLE IV.
PURPOSE**

The purpose of this professional limited liability company is the practice of medicine.

**ARTICLE V.
MEMBERS**

This professional limited liability company shall at all times maintain at least one member.

**ARTICLE VI.
MANAGEMENT**

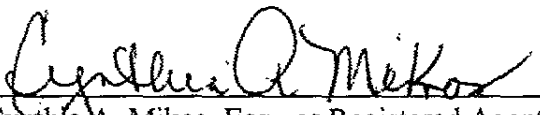
This professional limited liability company is a member-managed company.

ARTICLE VII
REGISTERED AGENT, REGISTERED OFFICE, AND
REGISTERED AGENT'S SIGNATURE

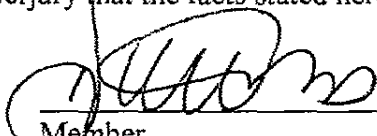
The name and the Florida street address of the registered agent is:

Cynthia A. Mikos, Esq.
Cynthia A. Mikos, P.A.
205 N. Parsons Ave., Suite A
Brandon, FL 33510-4515

Having been named as registered agent and to accept service of process for the above stated professional 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 of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


Cynthia A. Mikos, Esq., as Registered Agent

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


Member

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