

L02000032242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

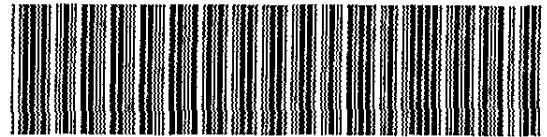
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Cecil W. Daniel GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Article V  
DATE 12-3-02  
DOC. EXAM not

October 27, 2002

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

RE: Registration of Westwood Physicians Group, LLC  
Cecil W. Harrell  
1224 East Crawford Street  
Tampa, Florida 33604  
Day Phone-813-817-8140

To Whom It May Concern:

Transmitted herewith are the following:

1. Check for \$130.00
2. Articles of Organization for Florida Limited Liability Company

  
Kathleen Harrell, Authorized Representative

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I- Name**

Westwood Physicians Group, LLC

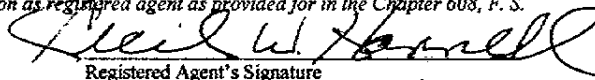
**ARTICLE II - Address:**

4321 Gunn Highway  
Tampa, Florida 33624

**ARTICLE III - Registered Agent, Registered Office & Registered Agent's  
Signature**

Name Cecil W. Harrell  
  
Florida Address 1224 East Crawford Street  
Tampa, Florida 33604

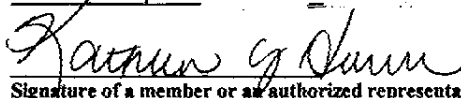
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in the capacity. I further agree to comply with the provisions of all 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 the Chapter 608, F. S.*

  
Registered Agent's Signature

**Article IV-Management (Check box if applicable.)**

- ☒ The limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-manager company.

**Article V-Effective Date**

11-25-02  
  
Signature of a member or an authorized representative of a member.

(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.)

KATHLEEN HARREN  
Typed or printed name of signer

**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)

**FILED**  
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