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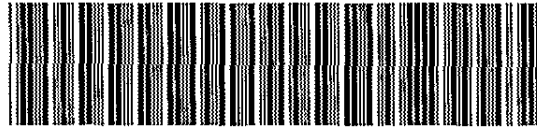
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02 DEC 30 AM 11:24
STATE
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

FILED
02 DEC 30 PM 3:06
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Tricia Tadlock
DATE: 12.30.02
REF. #: 0174.11723
CORP. NAME: Integrated Physician Systems, LLC

- | | | |
|--|---|---|
| ☐ ARTICLES OF INCORPORATION | ☐ ARTICLES OF AMENDMENT | ☐ ARTICLES OF DISSOLUTION |
| ☐ ANNUAL REPORT | ☐ TRADEMARK/SERVICE MARK | ☐ FICTITIOUS NAME |
| ☐ FOREIGN QUALIFICATION | ☐ LIMITED PARTNERSHIP | ☒ LIMITED LIABILITY |
| ☐ REINSTATEMENT | ☐ MERGER | ☐ WITHDRAWAL |
| ☐ CERTIFICATE OF CANCELLATION | ☐ UCC-1 | ☐ UCC-3 |
| ☐ OTHER: _____ | | |

STATE FEES PREPAID WITH CHECK# 052398 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- ☒ CERTIFIED COPY ☐ CERTIFICATE OF GOOD STANDING ☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

Examiner's Initials

ARTICLES OF ORGANIZATION

INTEGRATED PHYSICIAN SYSTEMS, L.L.C.,
a Florida limited liability company

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

INTEGRATED PHYSICIAN SYSTEMS, L.L.C.

ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

661 East Altamonte Drive, Suite 210
Altamonte Springs, Florida 32701

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Robert Katz

1800 Cortez Road West
Bradenton, Florida 34207

ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Operating Agreement and Regulations of the Limited Liability Company.

FILED
02 DEC 30 PM 3:06
STATE OF FLORIDA
TALLAHASSEE

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the
11th day of ~~November~~, 2002.
DECEMBER

WITNESSES:

Marla J Chase
Print Name Marla J Chase

Margaret A Provencier
Print Name Margaret A Provencier

Jon Hultman
Jon Hultman

Marla J Chase
Print Name Marla J Chase

Margaret A Provencier
Print Name Margaret A Provencier

Robert Katz
Robert Katz

Marla J Chase
Print Name Marla J Chase

Margaret A Provencier
Print Name Margaret A Provencier

Eugene Pascarella
Eugene Pascarella

"MANAGERS"

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

INTEGRATED PHYSICIAN SYSTEMS, L.L.C.
2. The name and the Florida street address of the registered agent are:

Robert Katz
1800 Cortez Road West
Bradenton, Florida 34207

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: 12/16/02


Robert Katz

"REGISTERED AGENT"