

L03 000004320

Florida Department of State
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03 FEB -5 AM 10:39
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

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LIMITED LIABILITY COMPANY

Galen Medical Partnership LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

L03-4320
JR

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Galen Medical Partnership LLC**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

**7509 State Road 52, Suite #210
Bayonet Point, FL 34667**

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ARTICLE III - Registered Agent, Registered Office & Registered Agent's signature

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

Wayne Taylor, M.D.

Name

7509 State Road 52, Suite #210

(P.O. Box or Mail Drop Box NOT Acceptable)

Bayonet Point, FL 34667

(City / State / Zip)

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 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.

Registered Agent's Signature - **WAYNE TAYLOR, M.D.**

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 - managed company

Signature of a member or authorized representative of a member.

Signature of a member or 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.)

WAYNE TAYLOR, M.D.

Typed or printed name of signer

JOSEPH PINO, M.D.

Typed or printed name of signer