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Florida Department of State

Division of Corporations Public Access System

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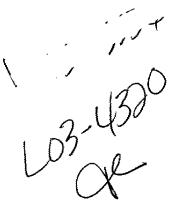
Account Name : HUBCO

Account Number: 104662003400 Phone: (516)935-3940 Fax Number: (516)935-3088

LIMITED LIABILITY COMPANY

Galen Medical Partnership LLC

Certificate of Status	1
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Estimated Charge	\$130.00



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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:	TALLAI	03 FEB	
7509 State Road 52, Suite #210 Bayonet Point, FL 34667	HASSEE, FL	B-5 AM 10: 39	FILED
ARTICLE III - Registered Agent, Registered Office & Registered Agent's signature The name and Florida street address of the registered agent are:): 39	
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 abo limited liability company at the place designated in this certificate, I hereby accept the ap registered agent and agree to act in this capacity. I further agree to comply with the provision relating to the proper and complete performance of my duties, and I am familiar with an obligations of my position as registered agent as provided for in Chapter 608, I	ppoints ons of c nd acco	ment d ali sta	tutes
Registered Agent's Signgure - WAYNE TAYLOR, N	A.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 marrager - managed company			
Signature of a member or authorized representative of a member. Signature of a member prauthorized representative	tive of a	membei	r.
(In accordance with section 608.408(3), Florida Statutes, the execution of	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 signee

JOSEPH PINO. M.D.

Typed or printed name of signee