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Feb 5-03 9:45AM

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Division of Corporations

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L030000004391

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : RONALD CUTLER
Account Number : I20000000005
Phone : (904) 788-4480
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPROVED
AND
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LIMITED LIABILITY COMPANY
PRIMARY CARE INTERNAL MEDICINE, P. L.

Certificate of Status	0
Certified Copy	0

Handwritten: 25503

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Page 2

Department of State 2/4/2003 3:19 PAGE 1/1 RightFAX



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

February 4, 2003

RONALD CUTLER

SUBJECT: PRIMARY CARE INTERNAL MEDICINE, P.L.
REF: W03000003314

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

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DIVISION OF CORPORATION

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**ARTICLES OF ORGANIZATION OF
PRIMARY CARE INTERNAL MEDICINE, P.L.**

The undersigned, for the purpose of forming a limited liability company under the Florida Professional Service Corporation and Limited Liability Company Act, F.S. Chapter 621, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - Name:

The name of the Limited Liability Company is: **PRIMARY CARE INTERNAL MEDICINE, P.L.**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
5856 Boggsford Road, Port Orange, FL 32127

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

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

Ronald Cutler

Name

1172 Pelican Bay Drive

Florida street address

Daytona Beach, FL 32119

City, State, and 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

ARTICLE IV - Effective Date of Corporation

The effective date of this Limited Liability Company shall be: January 31, 2003.

Regina Asihene, MD

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.)

Regina J. Asihene, MD.

ARTICLE V - Purpose:

Purpose of this entity is to render Professional Medical Services.

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