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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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CRATION

ANA MEDICAL DEVICES, LLC

5912 Beach Boulevard Jacksonville, FL 32207 Phone: (904) 482-0390 Fax: (904) 725-4030

Manager: Patricia Shockley



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ANA Medical Devices, LLC.		
ARTICLE II - Address:		
The mailing address and street address of the principal office of the Limited Liability Company is:		
5912 Beach Blvd, Jacksonville, F/ 32207		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:		
The name and the Florida street address of the registered agent are:		
Patricia Shockler		
Name		
1170 LINKSIDE COURT East		
Florida street address (P.O. Box NOT acceptable)		
Atlantic Beach FL 32233		
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.		
Patricia Shorpler		
Registered Agent's Signature		

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized epresentative 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

Typed or printed name of signee

Filing Fees: \$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)