

LO3000007192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

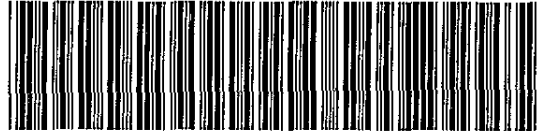
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JAN 11 2004

Herbert E. Mendelsohn, MD  
105 Water Oak Lane  
Altamonte Springs, Florida 32714  
407-463-0014

February 21, 2003

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed are the "Articles of Organization for Florida Limited Liability Company" that I have completed plus a check for \$125.00 made payable to the Florida Dept of State.

Thank you for your prompt attention.

Sincerely yours,

A handwritten signature in cursive script, reading "Herbert E. Mendelsohn".

Herbert E. Mendelsohn, MD

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:  
Physicians Perspective, LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:  
105 Water Oak Lane  
Altamonte Springs, Florida 32714

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

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

Herbert E. Mendelsohn

Name

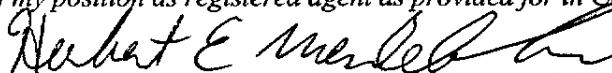
105 Water Oak Lane

Florida street address (P.O. Box **NOT** acceptable)

Altamonte Springs, FL 32714

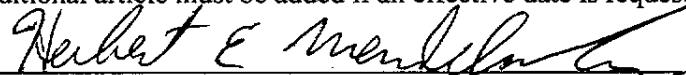
City, State, and Zip

*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

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



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.)

Herbert E. Mendelsohn

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)  
\$ 5.00 Certificate of Status (Optional)

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FLORIDA