

Florida Department of State

Division of Corporations Public Access System

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

rom:

Account Name : HARPER, KYNES, GELLER & BUFORD
Account Number : 070651000745
Phone : (727) 799-4840
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Tos

From:

: (727)797-8206 Fax Number

LIMITED LIABILITY COMPANY

Advanced Vein & Laser Center, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is: Advanced Vein & Laser Center, LLC

ARTICLE 11 - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 2655 SR 580, Suite 202, Clearwater, Florida 33761.

-article-ih -registered agent, registered office, & registered agent's signature

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

Gerald A. Niedzwiecki, M.D. 2655 SR 580, Suite 202 Clearwater, FL 33761 03 APR -8 PH 2: 46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by its members and is, therefore, a member

- managed company.

Gerald A. Niedzwiecki M.D. Membe

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.

Gerald A. Niedzwiecki, M.D.

Typed or printed name of signee