

LO3000014489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

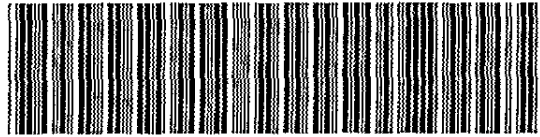
Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

4/21 - FL LC
CC+LUS

Office Use Only



200016374442

MJH

04/22/03-01026--008 **168.75

FILED

03 APR 21 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ESTATE PLANNING AND LEGACY LAW CENTER

Peace of Mind For You - Through Planning

Charles D. Wilder, P.A.
1132 Symonds Avenue
Winter Park, FL 32789

Charles D. Wilder, Esq.
*Board Certified in Wills,
Trusts & Estates*

Telephone 407-644-2216
Facsimile 407-644-2194
www.wilder-law.com

Legal Assistants:
Vickie L. Parker
Anthony W. Justice

Client Services Coordinator:
Silvia C. Mickle

Administrative Assistant:
Holly L. Miller

April 18, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Axel W. Anderson, IV, M.D., P.L.

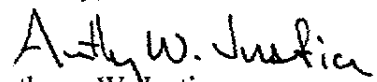
Dear Sir or Madam:

Enclosed please find the original and one (1) copy of the Articles of Organization, and the Certificate of Designation of Registered Agent, for the above referenced entity for filing with the Florida Division of Corporations.

Also enclosed is our firm check in the amount of \$168.75 for the filing fees and a Certificate of Status. Once filed, please return a file stamped copy of the Articles and the Certificate of Status in the envelope provided.

Thank you for your attention to this matter. Should you have any questions, please do not hesitate to call our office at 407-644-2216, ext 110

Sincerely,


Anthony W. Justice
Legal Assistant for
Charles D. Wilder, Esq.

Enclosures

**ARTICLES OF ORGANIZATION
OF
AXEL W. ANDERSON, IV, M.D., P. L.**

The undersigned, a duly licensed physician in the State of Florida, for the purpose of forming a limited liability company under the Florida Professional Service Corporation and Limited Liability Company Act, Florida Statutes Chapter 621, and the Florida Limited Liability Company Act, Florida Statutes Chapter 608, does hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I

Name. The name of the professional limited liability company shall be AXEL W. ANDERSON, IV, M.D., P.L. ("Company").

ARTICLE II

Address. The mailing address and street address of the principal office of the Company shall be Lucerne Medical Plaza, 100 West Gore Street, Suite 405, Orlando, Florida 32806.

ARTICLE III

Duration. The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the Company is earlier dissolved as provided in the operating agreement of the Company.

ARTICLE IV

Purpose. The purposes for which the Company is formed are:

- (1) To engage in the practice of medicine as a professional limited liability company and to own and operate a medical office for the purposes of providing medical care and treatment.
- (2) To promote medical, surgical, and scientific research and knowledge; to furnish related laboratory and clinical services; and to own real and personal property, enter into contracts, and engage in any lawful business necessary for the rendering of such professional services.
- (3) To do everything necessary, proper, or convenient for the accomplishment of any of the purposes herein set forth, and to do every other act incidental thereto which is not forbidden by the laws of the State of Florida or by the provisions of these Articles of Organization or the operating agreement.

FILED
03 APR 24 PM 3:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The professional services of the Company shall be carried out only through its members, officers, employees, and agents, or other professional service entities, each of whom is duly licensed or otherwise legally qualified to render such professional services in the State of Florida.

ARTICLE V


Initial Registered Office and Agent. The street address of the initial registered office of the Company is Lucerne Medical Plaza, 100 West Gore Street, Suite 405, Orlando, Florida 32806. and the name of the initial registered agent of the Company at that address is AXEL W. ANDERSON, IV, M.D.

ARTICLE VI

Management. The Company shall be managed by the members in accordance with an operating agreement adopted by the members for the management of the business and affairs of the Company. The operating agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization. The names and address of the members of the company are:

NAME	ADDRESS
AXEL W. ANDERSON, IV, M.D.	Lucerne Medical Plaza, 100 West Gore Street, Suite 405, Orlando, Florida 32806.

IN WITNESS WHEREOF, the undersigned does set his hand and seal and has acknowledged and filed the foregoing Articles of Organization under the laws of the State of Florida this ~~3/1~~^{3/4} day of March, 2003

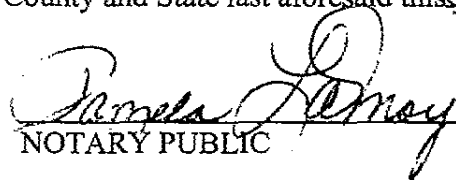


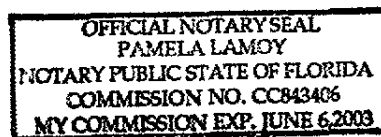
AXEL W. ANDERSON, IV, MD
Authorized Representative

STATE OF FLORIDA
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared AXEL W. ANDERSON, IV, M.D. to me personally known to be the person described in and who executed the foregoing Articles of Organization and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 3/24 day of March, 2003.


NOTARY PUBLIC



**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

AXEL W. ANDERSON, IV, M.D., P. L.

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED SUBMITS THE FOLLOWING STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the professional limited liability company is AXEL W. ANDERSON, IV, M.D., P. L.
2. As designated in the Articles of Organization filed with this designation, the name and the Florida street address of the registered agent is:

AXEL W. ANDERSON, IV, MD
Lucerne Medical Plaza,
100 West Gore Street, Suite 405,
Orlando, Florida 32806.

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.



AXEL W. ANDERSON, IV, MD

March 3/27, 2003