

May 09 03 10:09a

Barron and Redding

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Division of Corporations

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(((H03000190627 7)))

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RECEIVED
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ALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

Emerald Coast Research Associates, P.L.

Certificate of Status	0
Certified Copy	1
Page Count	03
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5-9-03

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**ARTICLES OF ORGANIZATION
OF
EMERALD COAST RESEARCH ASSOCIATES, P.L.,
A Florida Professional Limited Company**

ARTICLE I - NAME

The name of this Professional Limited Company is Emerald Coast Research Associates, P.L.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Professional Limited Company is 2195 Jenks Avenue, Panama City, Florida, 32405.

ARTICLE III - PURPOSE

The purpose of this Professional Limited Company is to provide professional services in the health care industry, and such other acts as are permitted by applicable Florida Statutes.

ARTICLE IV - MANAGEMENT

The Professional Limited Company is a member managed company.

ARTICLE V - INITIAL REGISTERED AGENT AND OFFICE

The name of the initial registered agent and the Florida street address of the initial registered office is Roland W. Kiehn, Esq., 220 McKenzie Avenue, Panama City, Florida, 32401.

ARTICLE VI - DURATION

The period of duration for the Professional Limited Company shall begin on the date of filing these Articles of Organization with the Florida Secretary of State, and shall have perpetual existence and duration until terminated in accordance with applicable law.

THIS INSTRUMENT PREPARED BY:

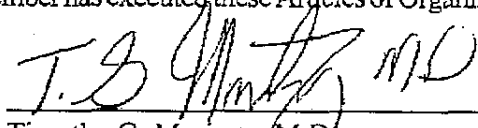
Roland W. Kiehn, Esq.
Fla. Bar No. 0870250
Barron, Redding, Hughes, Fite,
Bassett, Fensom & Sanborn, P.A.
220 McKenzie Avenue
P.O. Box 2467
Panama City, FL 32402
(850) 785-7454

03 MAY - 9 PM 12:13
SECRETARY OF STATE
OF FLORIDA

APPROVED
AND
FILED

Fax Audit No. H 03 0001 90627 7

IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization on this 9th day of May, 2003.



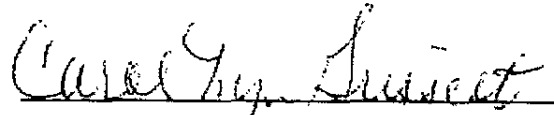
Timothy G. Moriarty, (M.D.)
Member/Incorporator

STATE OF FLORIDA
COUNTY OF BAY

The foregoing instrument was acknowledged before me this 9th day of May, 2003, by Timothy G. Moriarty, M.D., who: (notary **must** check applicable box)

- ☐ is personally known to me.
☒ produced a current Florida driver's license as identification.
☐ produced _____ as identification.

(SEAL)



(Print Name)

Notary Public

Commission # _____

My Commission Expires: _____

03 MAY -9 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AHL

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**STATEMENT OF ACCEPTANCE AND
DESIGNATION OF REGISTERED AGENT
OF
EMERALD COAST RESEARCH ASSOCIATES, P.L.,
A Florida Professional Limited Company**

STATE OF FLORIDA
COUNTY OF BAY

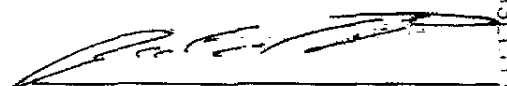
Pursuant to the provisions of Sections 608.415, Florida Statutes, the undersigned Professional Limited Company submits the following statement to designate a registered agent and registered office in the State of Florida:

The name of the limited liability company is Emerald Coast Research Associates, P.L.

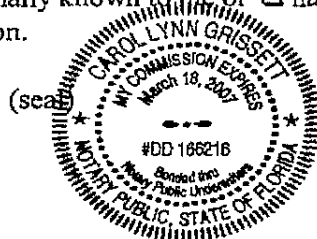
The name of the registered agent for Emerald Coast Research Associates, P.L., is Roland W. Kiehn, Esq., and the street address of the agent is 220 McKenzie Avenue, Panama City, Florida, 32401.

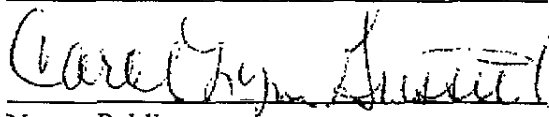
This statement is to acknowledge that, as indicated above, Emerald Coast Research Associates, P.L., has appointed me, Roland W. Kiehn, Esq., as its registered agent to accept service of process for the company at the place designated above in this certificate. I accept this appointment as registered 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.

DATED this 9th day of May, 2003.


Roland W. Kiehn, Esq.
Registered Agent

The foregoing instrument was acknowledged before me this 9th day of May, 2003, by Roland W. Kiehn, Esq., agent on behalf of Emerald Coast Research Associates, P.L., a professional limited company. He is ☒ personally known to me or ☐ has produced _____ as identification.




Notary Public
Commission # _____
My Commission Expires: _____