

LO3-000020319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

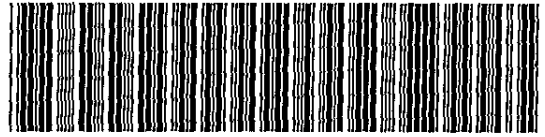
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STATE OF FLORIDA
TALLAHASSEE FL 32311

03 JUN -3 PM 2:33

FILED



James M. Shuta
Attorney At Law

May 30, 2003

Registration Section
Department of Corporations
P.O. Box 6327
409 East Gaines Street
Tallahassee, Florida 32301-2412

Re: ROBERT P. ALBERGO, M.D. L.L.C.

Gentle(women):

Enclosed is the original of the following documents which are submitted to you for the purpose of commencing this business:

1. Articles of Organization
2. Registered Agent Certificate

Also enclosed is a check in the amount of \$ 160.00 for the following:

Filing Fee	\$ 100.00
Registered Agent Fee	25.00
Certified Copy	30.00
Certificate of Status	5.00

Please return the certified copy and the Certificate to me after recording.

Thank you for your continued assistance.

Sincerely,

James M. Shuta
Board Certified Tax Attorney

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 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

Pursuant to Section 608.407 Florida Statutes, the Limited Liability Company named below submits the following Articles of Organization:

ARTICLE I
Name

The name of the Limited Liability Company is:

ROBERT P. ALBERGO, M.D. L.L.C.

ARTICLE II
Business

This Limited Liability Company shall engage in the business of ownership of real, personal and/or mixed property.

ARTICLE III
Address

The mailing address and street address of the Principal Office is:

3830 Tampa Road, Suite 300
Palm Harbor, Florida 34684

ARTICLE IV
Duration

The Limited Liability Company shall commence upon filing the Certificate with the Secretary of State of Florida and shall continue perpetually thereafter unless sooner dissolved by law or by written consent of all the Members hereto.

ARTICLE V
Management

The Limited Liability Company shall be managed by its Member whose name, mailing address and street address is:

Robert P. Albergo, M.D.
3830 Tampa Road, Suite 300
Palm Harbor, Florida 34684

ARTICLE VI
Restrictions on Transfers

No Member may sell, assign, transfer, encumber, or otherwise dispose of any interest in the Limited Liability Company without first offering to sell such interest to the other Members.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII
Members Rights to Continue Business

The withdrawal of a Member, whether voluntary or involuntary, shall have no effect upon the continuation of the Limited Liability Company's business.

ARTICLE VIII
Effective Date

The effective date of the Limited Liability Company shall be as of the date of filing with the Secretary of State of Florida.

These Articles of Organization of a Florida Limited Liability Company are executed by either a majority in voting interest of the Members or by one or more Members authorized by a majority in voting interest of the Members.

SIGNED this 30 day of MAY, 2003.

WITNESSES:

Patricia McKenna
Sign Name

PATRICIA MCKENNA
Print Name

LuAnn Heitner
Sign Name

LuAnn Heitner
Print Name

MEMBER:

Robert P. Albergo, M.D.
Member as to a 100% interest

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TALLAHASSEE FLORIDA

STATE OF FLORIDA
COUNTY OF PINELLAS

I HEREBY CERTIFY that on the 30 day of MAY, 2003, the foregoing was acknowledged before me by Robert P. Albergo, M.D. () who is personally known to me or () who produced _____ as identification and who () did or () did not take an oath.



James M. Shuta
MY COMMISSION # DD102628 EXPIRES
March 24, 2006
BONDED THRU TROY FAIN INSURANCE INC

James M. Shuta
Notary Public State of Florida

JAMES M SHUTA
(Printed Name)

My Commission Expires: _____

Commission No. _____

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

Pursuant to the provisions of section 608.415 Florida Statutes, the below stated LIMITED LIABILITY COMPANY, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

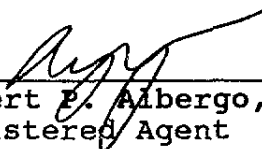
1. The name of the Limited Liability Company is:

ROBERT P. ALBERGO, M.D. L.L.C.

2. The name and address of the registered agent and office is:

Robert P. Albergo, M.D.
3830 Tampa Road, Suite 300
Palm Harbor, Florida 34684

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.



Robert P. Albergo, M.D.
Registered Agent

Date: MAY 30, 2003

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03 JUN -3 PM
TAMPA, FLORIDA
STATE SECRETARY OF TREASURY