

# L03000021828

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(Business Entity Name)

(Document Number)

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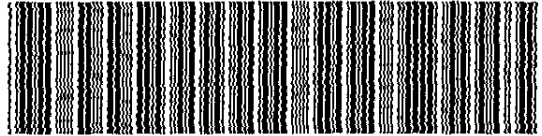
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*[Signature]*

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L03-16008



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Office ADDRESS  
71 S. CENTRAL AVE  
ORLANDO FLA 32765

9-28-03



DR. PAUL B. SCHMID  
470 N SEMORAN BLVD  
ORLANDO, FL 32807

HOME

DAY TIME OFFICE 407 365-3462  
FAX 407 365-4308

Home 407 282-8597

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SECONDARY OF STATE  
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 4, 2003

DR. PAUL B. SCHMID  
470 N SEMORAN BLVD  
ORLANDO, FL 32807

SUBJECT: DR. PAUL B. SCHMID, L.L.C.  
Ref. Number: W03000016008

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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We have received your document for DR. PAUL B. SCHMID, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 903A00035038

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: DR. PAUL B. SCHMID LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
PAUL B. SCHMID, DO. 71 S. CENTRAL AVE  
OVIDO FLA. 32765

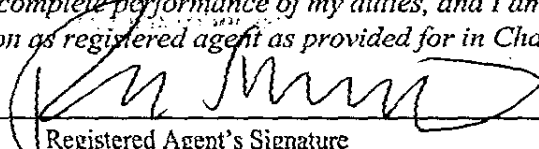
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

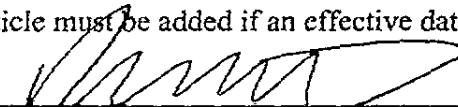
PAUL B. SCHMID DO.  
Name  
71 S. CENTRAL AVE  
Florida street address (P.O. Box NOT acceptable)  
OVIDO FL 32765  
City, State, and Zip

STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA  
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*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.)

PAUL B. SCHMID, DO.  
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)