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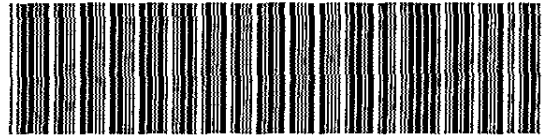
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2003 MAY 15 PM 3:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN MAY 19 2003

**Harry A. Jones
Attorney at Law**

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11 A. Max Brewer Parkway
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May 8, 2003

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32301

Re: Certificate of Conversion and Articles of Organization of
Physician Assistant Services of Florida, L.L.C.

Dear Sir/Madam:

Enclosed find an original and one copy of Certificate of Conversion and Articles of Organization for the above-captioned Limited Liability Company, together with check in the sum of \$150.00 (\$25.00 for the Certificate of Conversion and \$125.00 for the Articles of Organization) to cover your filing fees.

Please stamp the copy of the Certificate of Conversion and Articles of Organization with the date received in your office and return to the undersigned.

Thank you for your assistance in this matter.

Very truly yours,

Hamilton Boone
Harry A. Jones

Harry A. Jones

4/12 @ 10:30 a.m.
Spoke to Ruth, told her doc should
have been filed. We unfiled doc
& disregard documents mailed to them. Hold
Articles Sending merger. & additional
HAJ/re Fee's.
Enc.

**ARTICLES OF ORGANIZATION
OF
PHYSICIAN ASSISTANT SERVICES OF FLORIDA, L.L.C.**

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

The undersigned subscriber to these Articles of Organization and intending to form and create a Limited Liability Company pursuant to the statutes of the State of Florida, does hereby state and certify the following:

I.

The name of the Limited Liability Company shall be PHYSICIAN ASSISTANT SERVICES OF FLORIDA, L.L.C.

II.

The mailing and street address of the Limited Liability Company and its principal office is: 301 East Hibiscus Avenue, Melbourne, FL 32901.

III.

The name and street address of the initial registered agent of the Limited Liability Company in the State of Florida is C. HAMILTON BOONE, 301 East Hibiscus Avenue, Melbourne, FL 32901.

IV.

The Limited Liability Company shall be managed by a Board of Managers, consisting of a number not more than three (3) and the activities of the Limited Liability Company shall be conducted as a manager-managed company in accordance with the terms of the Limited Liability Company Operating Agreement.

V.

The name and address of the Initial Manager of the Limited Liability Company is as follows:

| Name | Address |
|-------------------|--|
| C. HAMILTON BOONE | 301 East Hibiscus Avenue Melbourne, FL 32901. |

VI.

The Limited Liability Company shall be initially organized with two (2) members. The name and address of the Initial Members of the Limited Liability Company are:

| Name | Address |
|-------------------|--|
| C. HAMILTON BOONE | 301 East Hibiscus Avenue Melbourne, FL 32901 |
| PENNY BOONE | 301 East Hibiscus Avenue Melbourne, FL 32901. |

VII.

The Limited Liability Company shall have the right to add additional members according to the terms of the Limited Liability Company Operating Agreement.

VIII.

This Limited Liability Company shall exist perpetually.

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned, in their respective capacities as initial members and initial manager for the purpose of forming a Limited Liability Company under the laws of the State of Florida, do make and file these Articles of Organization, hereby declaring and certifying that the facts herein stated are true and hereunto set their hands and seal this 9 day of May, 2003.

Initial Members:

C. Hamilton Boone
C. Hamilton Boone

Penny R. Boone
Penny Boone

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TALLAHASSEE, FLORIDA

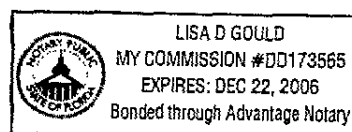
Initial Manager:

C. Hamilton Boone
C. Hamilton Boone

STATE OF FLORIDA
COUNTY OF BREVARD

BEFORE ME, the undersigned authority, an officer duly authorized to administer oaths and take acknowledgments, personally appeared C. HAMILTON BOONE and PENNY BOONE, each well known to me to be the persons who executed the foregoing Articles of Organization, and acknowledged before me that they executed the same freely and voluntarily for the purposes therein expressed, in their respective capacities on behalf of PHYSICIAN ASSISTANT SERVICES OF FLORIDA, L.L.C., as Initial Members and Initial Manager.

WITNESS my hand and official seal this 9 day of May, 2003.



Lisa D. Gould
Notary Public, State of Florida

My Commission Expires: Dec 22, 2006
My Commission Expires:

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

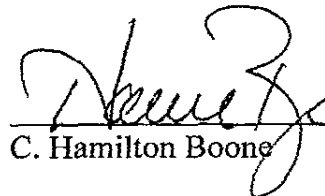
STATEMENT OF DESIGNATION AND ACCEPTANCE
OF INITIAL REGISTERED AGENT AND REGISTERED OFFICE OF

PHYSICIAN ASSISTANT SERVICES OF FLORIDA, L.L.C.

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned hereby files this statement of the designation and acceptance of the initial registered agent of the Limited Liability Company.

The street address of the initial registered office of this Limited Liability Company is 301 East Hibiscus Avenue, Melbourne, FL 32901, and the name of the initial registered agent of this Limited Liability Company at that address is C. HAMILTON BOONE.

DATED this 9 day of May, 2003.


C. Hamilton Boone

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

I hereby accept appointment as the registered agent of at the initial registered office of the Limited Liability Company at 301 East Hibiscus Avenue, Melbourne, FL 32901.

C. Hamilton Boone

