

**L03000023082**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H03000220062 1))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

TALLAHASSEE, FLORIDA

03 JUN 25 AM 9:19

FILED

To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : GASSMAN & ASSOCIATES, P.A.  
Account Number : 075350000514  
Phone : (727) 442-1200  
Fax Number : (727) 443-5829

RECEIVED  
03 JUN 25 AM 7:57  
DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**GULF COAST RETINA ASSOCIATES, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	.01
Estimated Charge	\$125.00

**L03-23082**  
*OR*

Audit Fax No: H03000220062 1

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **GULFCOAST RETINA ASSOCIATES, L.L.C.**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**2292 Mackenzie Court  
Clearwater, FL 33765**

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

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

**LONDON L. BATES, ESQUIRE**  
Name  
**1245 Court Street, Suite 102**  
Florida street address (P.O. Box NOT acceptable)  
**Clearwater, FL 33756**  
City, State, and Zip

FILED  
JUN 25 11 01 AM  
TALLAHASSEE, FLORIDA

*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.*

*London L. Bates, Esq.*

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.)

*London L. Bates, Esq.*

LONDON L. BATES, ESQUIRE

JSM:Montzka, DainGulfcoast Retina Specialists, L.L.C\Articles of Organization 1.wpd  
xcm 6/24/03

London L. Bates, Esquire  
1245 Court Street Suite 102  
Clearwater, FL 33756  
(727) 442-1200  
Florida Bar #: 193356