

L03000023216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100020570071

06/20/03--01058--004 **125.00

FILED

2003 JUN 20 PM 2:34

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JUN 25 2003

SHEPPARD, BRETT, STEWART, HERSCH & KINSEY, P.A.

ATTORNEYS AT LAW

Firm Established 1924

MAIN OFFICE:

2121 WEST FIRST STREET
FORT MYERS, FLORIDA 33901
(239) 334-1141 PHONE
(239) 334-3965 FAX

PLEASE REPLY TO:

POST OFFICE DRAWER 400
FORT MYERS, FL 33902

www.sbshlaw.com

SOUTH LEE COUNTY OFFICE:

16521 SAN CARLOS BLVD. #104-D
FORT MYERS, FLORIDA 33908
(239) 489-1277 PHONE

ELECTRONIC MAIL:

brett@sbshlaw.com
stewart@sbshlaw.com
hersch@sbshlaw.com
kinsey@sbshlaw.com
hill@sbshlaw.com

JOHN K. WOOLSLAIR (1908-1968)
W. A. SHEPPARD (1898-1971)

JAY ANDREW BRETT
JOHN R. STEWART +
CRAIG R. HERSCH**
D. HUGH KINSEY, JR.
MICHAEL B. HILL

OF COUNSEL

JOHN W. SHEPPARD*

* BOARD CERTIFIED: WILLS, TRUSTS & ESTATES

+ CERTIFIED PUBLIC ACCOUNTANT (FL)

+ ALSO ADMITTED IN IOWA

June 18, 2003

Corporate Records Bureau
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32301

Re: CLINICAL DATA SYSTEMS FOR PSYCHIATRY, LLC

Dear Sirs:

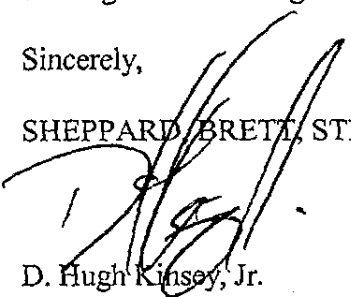
Enclosed herewith are proposed Articles of Organization in reference to the captioned limited liability company. Also enclosed is our check in the amount of \$125.00 to cover the following:

Filing Fee	\$ 100.00
Resident Agent Fee	\$ 25.00
	\$ 125.00

If the Articles of Organization meet with your approval, we will appreciate your executing and sending to the undersigned a Certificate of Organization.

Sincerely,

SHEPPARD, BRETT, STEWART, HERSCH, & KINSEY, P.A.


D. Hugh Kinsey, Jr.

DHK:dlb

Enclosures

cc: Mr. Justin Henderson, RN, MA
KS-4990

FILED
2003 JUN 20 PM 2:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2003 JUN 20 PM 2:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
CLINICAL DATA SYSTEMS FOR PSYCHIATRY, LLC

The undersigned, for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I
NAME AND PRINCIPAL OFFICE

The name of the Limited Liability Company shall be CLINICAL DATA SYSTEMS FOR PSYCHIATRY, LLC ("Company"). The principal office of the Company shall be 1705 Colonial Boulevards, Suite B-1, Fort Myers, Florida 33907.

ARTICLE II
MAILING ADDRESS

The mailing address of the Company shall be: 1705 Colonial Boulevard, Suite B-1, Fort Myers, Florida 33907.

ARTICLE III
DURATION

The Company shall commence its existence upon the filing of these Articles of Organization, and its existence shall be perpetual unless the Company is dissolved as provided in these Articles of Organization..

ARTICLE IV
PURPOSES AND POWERS

The general purpose for which the Company is organized is to govern sales of computer software. The Company shall also be authorized to transact any lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to a Limited Liability Company under the laws of the State of Florida.

ARTICLE V
REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is: JUSTIN HENDERSON, of 1705 Colonial Boulevard, Suite B-1, Fort Myers, Florida 33907.

FILED
2003 JUN 20 PM 2:34
CLERK OF CORPORATION
TALLAHASSEE, FLORIDA

ARTICLE VI
ADMISSION OF NEW MEMBERS

No additional members shall be admitted to the Company except with the unanimous written consent of all the members of the Company and upon such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the Company as set forth in the regulations of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a member unless all the other members of the Company other than the member proposing to dispose of his or her interest approve of the proposed transfer by unanimous written consent.

ARTICLE VII
MANAGEMENT

The Company shall be managed by the members in accordance with regulations adopted by the members for the management of the business and affairs of the Company. These regulations may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with the law or these Articles of Organization. The names and address of the members of the Company are:

NAME

ADDRESS


OMAR RIECHE, M.D.

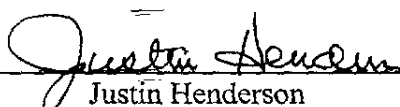
1705 Colonial Boulevard, Suite B-1
Fort Myers, Florida 33907

JUSTIN HENDERSON

1705 Colonial Boulevard, Suite B-1
Fort Myers, Florida 33907

IN WITNESS WHEREOF, the undersigned member has made and subscribed these Articles of Organization at Fort Myers, Florida, for the foregoing uses and purposes this 12 day of June, 2003.


Omar Rieche, MD



Justin Henderson

FILED
2003 JUN 20 PM 2:34
HALLANDALE BEACH, FLORIDA

STATE OF FLORIDA
COUNTY OF LEE

The foregoing instrument was acknowledged before me this 12th day of June, 2003, by OMAR RIECHE, MD, who () is personally known to me or () has produced Driver License as identification.

(SEAL)
Comm. Expires 8-15-05
Comm. No. DD050722


Notary Public

DAVID M. HOLZHAUSER
Printed Notary Signature



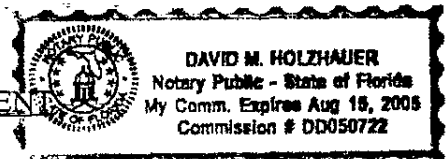
STATE OF FLORIDA
COUNTY OF LEE

The foregoing instrument was acknowledged before me this 12th day of June, 2003, by JUSTIN HENDERSON, who (X) is personally known to me or () has produced — as identification.

(SEAL)
Comm. Expires 8-15-05
Comm. No. DD050722

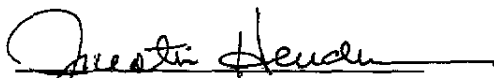

Notary Public

DAVID M. HOLZHAUSER
Printed Notary Signature



ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for CLINICAL DATA SYSTEMS FOR PSYCHIATRY, LLC, at the place designated herein, 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. I am familiar with and accept the obligations of my position as registered agent, as provided for in Chapter 608, Florida Statutes.


Justin Henderson

Date: June 12, 2003