

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.sbslaw.com](http://www.sbslaw.com)

SOUTH LEE COUNTY OFFICE:

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

ELECTRONIC MAIL:

brett@sbslaw.com  
stewart@sbslaw.com  
hersch@sbslaw.com  
kinsey@sbslaw.com  
hill@sbslaw.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:

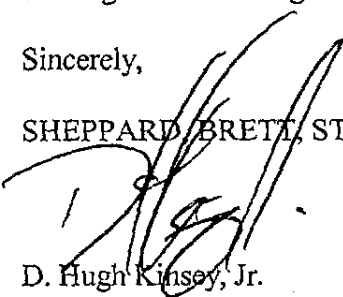
Enclosed herewith are proposed Articles of Organization in reference to the captioned limited liability company. Also enclosed is our check in the amount of \$125.00 to cover the following:

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  
OFFICE OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ARTICLE VI  
ADMISSION OF NEW MEMBERS


No additional members shall be admitted to the Company except with the unanimous 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.

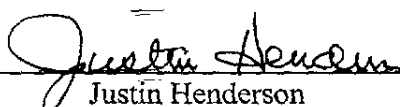
ARTICLE VII  
MANAGEMENT

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:

<u>NAME</u>	<u>ADDRESS</u>
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.

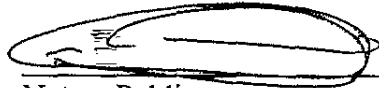
  
\_\_\_\_\_  
Omar Rieche, MD

  
\_\_\_\_\_  
Justin Henderson

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

STATE OF FLORIDA  
COUNTY OF LEE

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



Notary Public

David M. Holzauer

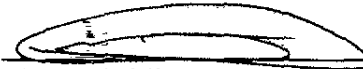
Printed Notary Signature

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



STATE OF FLORIDA  
COUNTY OF LEE

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

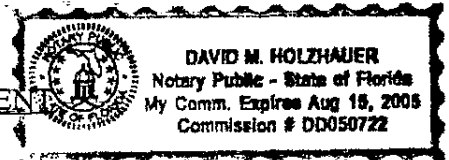


Notary Public

David M. Holzauer

Printed Notary Signature

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



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  
Justin Henderson

Date: June 12, 2003