

L030000 23385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

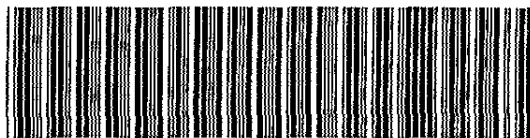
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700020969677

06/23/03--01105--014 **125.00

FILED

03 JUN 23 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/24
[Signature]

SMITH, GAMBRELL & RUSSELL, LLP

ATTORNEYS AT LAW

SUITE 3100, PROMENADE II
1230 PEACHTREE STREET, N.E.

ATLANTA, GEORGIA 30309-3592

TELEPHONE (404) 815-3500

FACSIMILE (404) 815-3509

WEBSITE www.sgrlaw.com

ESTABLISHED 1893

WASHINGTON D.C. OFFICE

SUITE 800

1850 M STREET, N.W.

WASHINGTON, D.C. 20036

TELEPHONE

(202) 263-4300

FACSIMILE

(202) 263-4329

FLORIDA OFFICE

SUITE 2600, BANK OF AMERICA TOWER

50 NORTH LAURA STREET

JACKSONVILLE, FL 32202

TELEPHONE

(904) 598-6100

FACSIMILE

(904) 598-6300

Whalen J. Kuller

(404) 815-3945

Direct Fax No. - (404) 685-7245

E-Mail - wkuller@sgrlaw.com

June 19, 2003

Florida Department of State
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Filing of Article of Organization

To Whom it May Concern:

Please accept and file the enclosed Articles of Organization for A+ Healthcare Specialists, LLC. Enclosed is a check for \$125.00 to cover the filing fee for Articles of Organization and the Designation of Registered Agent.

Thank you for your prompt attention to this matter.

Sincerely,



Whalen J. Kuller

WJK/1106
Enclosures

FILED
03 JUN 23 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR A+ HEALTHCARE SPECIALISTS, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is: A+ Healthcare Specialists, LLC.

ARTICLE II - Address:

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

A+ Healthcare Specialists, LLC
3236 Beach Boulevard
Jacksonville, FL 32207

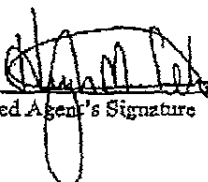
Article III - Registered Agent, Registered Office, and Registered Agent's Signature

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

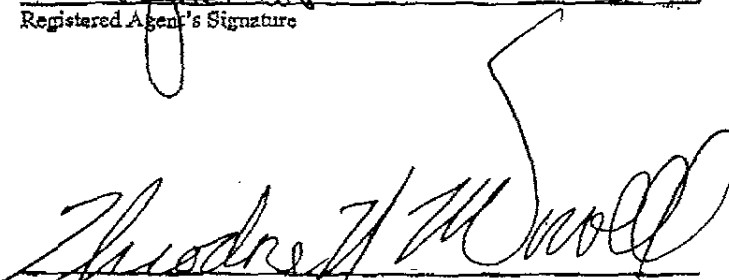
Hugh M. Peters
3236 Beach Boulevard
Jacksonville, FL 32207

FILED
03 JUN 23 PM 12:45
SECRETARY OF STATE
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.



Registered Agent's Signature



Signature of a member or an authorized representative of a member

Theodore N. McDowell
Typed or printed name of signer