

Florida Department of State

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To: Division of Co Fax Number		3. 2011 - 1
From:		
Account Name	: MICHAEL A. PYLE, P.A.	
Account Number	: I2000000053	
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LIMITED LIABILITY COMPANY

ORMOND MEDICAL ARTS, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION

OF

ORMOND MEDICAL ARTS, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, hereby executes the following Articles of Organization.

ARTICLE I NAME

The name of the Limited Liability Company is ORMOND MEDICAL ARTS, LLC.

ARTICLE II ADDRESS

The street address and the mailing address of the principal office of the Company is **211 E. International Speedway Boulevard, Suite 101, Daytona Beach, Florida 32118**.

ARTICLE III REGISTERED OFFICE AND AGENT

The name and Florida street address of the registered agent is **Gregory Antonich**, 211 E. International Speedway Boulevard, Suite 101, Daytona Beach, Florida 32118.

IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization on this _____ day of July, 2003.

GREGORY ANTONIC Authorized Representative

STATE OF FLORIDA COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this $\underline{g^*}$ day of July, 2003, by **GREGORY ANTONICH** who sis personally known to me, or \Box who presented a Florida drivers license or \Box a _______, as identification.

Notary Public <u>MICHAEL A. PYLE</u> (Printed Name) My Commission Expires: Michael A Pyle Data + My Commission

Expires December 3, 2003

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(In accordance with Section 608.408(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, Florida Statutes.

GREGORY ANTONICH, Registered Agent