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\$ 100.00

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03 JUL 22 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Massachusetts General Surgery Center LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James William Davis

(Name of Person)

Massachusetts General Surgery Center LLC

(Firm/Company)

15120 Countyline Road Suite 101

(Address)

Spring Hill Fla 34610

(City/State and Zip Code)

For further information concerning this matter, please call:

James W. Davis

(Name of Person)

at (727)

862-9080

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

03 JUL 22 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Massachusetts General Surgery ~~Center~~
Center LLC

ARTICLE II - Address:

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

Principal Office Address:

15120 Countyline Rd Suite 101
Spring Hill Fla, 34610

Mailing Address:

Same

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

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

James William Davis
Name
15120 Countyline Rd. Suite 101
Florida street address (P.O. Box **NOT** acceptable)
Spring Hill FL 34610
City, State, and Zip

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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..

James W. Davis
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

James William Davis
15120 Countyline Rd. Suite 101
Spring Hill Fla. 34610

MGR

Sudhir Chandra Guptan
15120 Countyline Rd. Suite 117
Spring Hill Fla. 34610

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

James W Davis

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JUL 22 AM 8:00

FILED