

L03 00002903/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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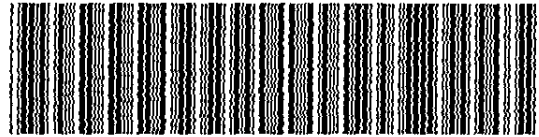
(Business Entity Name)

(Document Number)

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TOLL FREE 1-866-316-3565

2204 Citrus Blvd Suite 4  
Leesburg FL 34748  
352-326-9911

18 S E 7<sup>th</sup> Terrace  
Ocala Fl 34471

24/65 }  
July 16, 2003

Registration Section  
Division of Corporations  
P O Box 6327  
Tallahassee FL 32314

Please find attached the Articles of Organization for SUNMED Healing & Injury Center of Summerfield, LLC and a check in the amount of \$125.00 to cover filing fees and the designation of Registered Agent.

If you need further information or have any questions, please call Renee Stoffel at 352-326-9911.

Sincerely,

Onsi Derias

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I NAME:

The name of the Limited Liability Company is:

SUNMED Healing & Injury Center of Summerfield, LLC

## ARTICLE II ADDRESS:

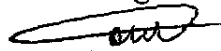
The mailing address and street address of the principal office of the Limited Liability Company is:

15580 S U.S. Hwy 441 Suite 1  
Summerfield FL 34491

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

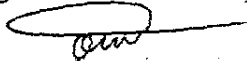
Onsi Derias  
3214 SE 24<sup>th</sup> Terr  
Ocala FL 34471

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..



7/21/03

Signature/Onsi Derias, Registered Agent



7/21/03

(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.)

Onsi Derias, Member

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