# 63000032275

(Requestor's Name)
(Address)
(Address)
(C) (C) (C) (C)
(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



900022310679

U8/25/03--U1043--016 \*\*160.00

63-32275 Cf

### TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Mira Dermatology and Laser 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:
Pariksith Singh (Name of Person)
c/o Access Healthcare, LLC (Firm/Company)
5350 Spring Hill Drive
(Address)  Spring Hill, Florida 34606  (City/State and Zip Code)
For further information concerning this matter, please call
<u>Pariksith Singh</u> at (352) <u>6</u> 88-8116

## ARTICLES OF ORGANIZATION OF MIRA DERMATOLOGY AND LASER CENTER, 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:

The name of the limited liability company shall be:

MIRA DERMATOLOGY AND LASER CENTER, LLC ("company")

#### ARTICLE II - ADDRESS:

Principal Office Address: 5344 Spring Hill Drive Spring Hill, Florida 34606 Mailing Address: 5350 Spring Hill Drive Spring Hill, Florida 34606

#### ARTICLE III - REGISTERED OFFICE AND AGENT:

The name and street address of the registered agent of the company in the state of Florida is:

Agnes Augello 5350 Spring Hill Drive Spring Hill, Florida 34606

Having been named as the registered agent and to accept service of process for the above stated limited liability company 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.

Agnés Augélio Registered Agent

ARTICLE IV - MANAGER(s) or MANAGING MEMBER(s)

Name and Address

<u>Title</u> "MGR" = Manager

"MGRM" = Managing Member

MGRM

Pariksith Singh 5350 Spring Hill Drive Spring Hill, FL 34606

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Floridà Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Pariksith Singh
Typed or printed name of signee