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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

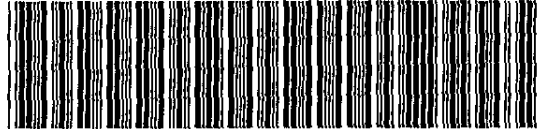
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
03 NOV 11 AM 10:11

EFFECTIVE DATE

12/1/03

November 7, 2003



James M. Shuta
Attorney At Law

Registration Section
Department of Corporations
P.O. Box 6327
409 East Gaines Street
Tallahassee, Florida 32301-2412

Re: ROBERT P. ALBERGO, M.D. P.L.

Gentle(wo)men:

Enclosed is the original of the following documents which are submitted to you for the purpose of commencing this business:

1. Articles of Organization
2. Registered Agent Certificate

Also enclosed is a check in the amount of \$ 160.00 for the following:

Filing Fee	\$ 100.00
Registered Agent Fee	25.00
Certified Copy	30.00
Certificate of Status	5.00

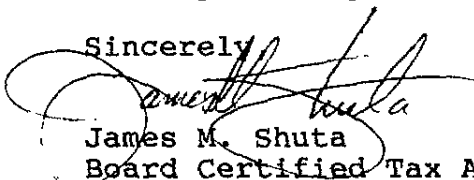
Please note in Article IX that this Limited Liability Company COMMENCES BUSINESS ON DECEMBER 1, 2003.

Also, please note that the same Robert P. Albergo, M.D. previously formed a separate and distinct limited liability company: ROBERT P. ALBERGO, M.D., L.L.C. filed on June 3, 2003 document #L03000020319. That L.L.C. was formed under FL Stats Chapter 608 to own real estate. This L.L.C. is formed under FL Stats Chapter 62L to operate a medical office. With this explanation, I respectfully ask you to file this professional limited liability company.

Please return the certified copy and the certificate to me after recording.

Thank you for your continued assistance.

Sincerely,


James M. Shuta
Board Certified Tax Attorney

copy William R. Wallace, CPA

EFFECTIVE DATE
12/01/03

**ARTICLES OF ORGANIZATION FOR A
FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY**

The undersigned Subscriber to the herein styled Articles of Organization, a natural person competent to contract, and duly licensed by the State of Florida to practice as a physician, hereby makes, subscribes, acknowledges and files with the Secretary of State of the State of Florida these Articles of Organization, for the purpose of forming a professional limited liability company for pecuniary profit pursuant to section 621.051 Florida Statutes, for the sole and specific purpose of rendering the same and specific professional service.

**ARTICLE I
Name**

The name of this professional Limited Liability Company is:

ROBERT P. ALBERGO, M.D., P.L.

**ARTICLE II
Business**

This professional Limited Liability Company shall engage in every phase and aspect of the general practice of medicine, and rendering the same professional services to the public that a physician duly licensed under the laws of the State of Florida, is authorized to render, but such professional services shall be rendered only through officers, employees, and agents who are duly licensed under the laws of the State of Florida to practice medicine herein, and for the purposes of transacting any or all lawful business related thereto.

**ARTICLE III
Address**

The mailing address and street address of the Principal Office is:

4132 Woodland Parkway
Palm Harbor, Florida 34685

**ARTICLE IV
Duration**

EFFECTIVE DATE

12/1/03

The professional Limited Liability Company shall commence upon the 1st day of December, 2003 and shall continue perpetually thereafter unless sooner dissolved by law or by written consent of all the Members hereto.

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ARTICLE V
Management

The professional Limited Liability Company shall be managed by its Member whose name, mailing address and street address is:

Robert P. Albergo, M.D.
4132 Woodland Parkway
Palm Harbor, Florida 34685

ARTICLE VI
Restrictions on Transfers

No Member may sell, assign, transfer, encumber, or otherwise dispose of any interest in the professional Limited Liability Company without first offering to sell such interest to the other Members.

ARTICLE VII
Members Rights to Continue Business

The death, retirement, resignation, expulsion, bankruptcy, dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the professional Limited Liability Company, whether voluntary or involuntary, shall not terminate the professional Limited Liability Company which shall continue so long as there is at least one remaining Member.

ARTICLE VIII
Professional Relationship

Nothing contained in these Articles of Organization shall be interpreted to abolish, repeal, modify, restrict, or limit the law now in effect in this state applicable to the professional relationship and liabilities between the person furnishing the professional services and the person receiving such professional service and to the standards for professional conduct; provided, however, that any officer, agent, member, manager or employee of a limited liability company organized hereunder shall be personally liable and accountable only for negligent or wrongful acts or misconduct committed by that person, or by any person under that person's direct supervision and control, while rendering professional service on behalf of the limited liability company to the person for whom such professional services were being rendered; and provided further that the personal liability of members of a limited liability company organized hereunder, in their capacity as members of such limited liability company, shall be no greater in any aspect than that of a member-employee of a limited liability company organized under Chapter 608 Florida Statutes. The limited liability company shall be liable up to the full value of its property for any negligent or wrongful acts or misconduct committed by any of its officers, agents, member, managers, or employees while they are engaged on behalf of the limited liability company in the rendering of professional services.

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ARTICLE IX
Effective Date

The effective date of the professional Limited Liability Company shall be as of the 1st day of December, 2003.

These Articles of Organization of a Florida Professional Limited Liability Company are executed by either a majority in voting interest of the Members or by one or more Members authorized by a majority in voting interest of the Members.

SIGNED this 7 day of November, 2003.

WITNESSES:

Patricia McKenna
Sign Name

PATRICIA MCKENNA
Print Name

James M. Shuta
Sign Name

JAMES M SHUTA
Print Name

MEMBER:

Robert P. Albergo, M.D.
Member as to a 100% interest

STATE OF FLORIDA
COUNTY OF PINELLAS

I HEREBY CERTIFY that on the 7 day of NOVEMBER, 2003, the foregoing was acknowledged before me by Robert P. Albergo, M.D. (X) who is personally known to me or () who produced _____ as identification and who () did or (X) did not take an oath.



James M. Shuta
MY COMMISSION # DD102628 EXPIRES
March 24, 2006
BONDED THRU TROY FAIR INSURANCE, INC.

James M. Shuta
Notary Public, State of Florida

JAMES M SHUTA
(Printed Name)
My Commission Expires: _____

Commission No. _____

EFFECTIVE DATE

12/1/03

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FULL
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415 Florida Statutes, the below stated LIMITED LIABILITY COMPANY, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

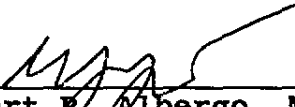
1. The name of the Limited Liability Company is:

ROBERT P. ALBERGO, M.D., P.L.

2. The name and address of the registered agent and office is:

Robert P. Albergo, M.D.
4132 Woodland Parkway
Palm Harbor, Florida 34685

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.



Robert P. Albergo, M.D.
Registered Agent

Date: NOVEMBER 7, 2003

EFFECTIVE DATE
12/1/03

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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