

W03000051412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1

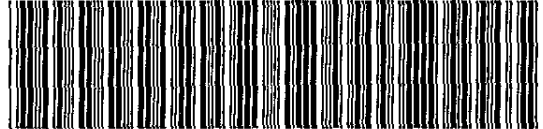
Certificates of Status _____

Special Instructions to Filing Officer:

12/2 FL LC

CC

Office Use Only



900025134319

MJH

12/02/03--01059--010 **155.00

FILED
03 DEC -2 PM 3:28
TALLAHASSEE, FLORIDA



ROSENBERG | MARTIN | FUNK | GREENBERG, LLP

25 South Charles Street, Suite 2115 Baltimore, Maryland 21201-3305 T 410.727.6600 F 410. 727.1115 rosenbergmartin.com

C. J. Persson, Esquire

E-MAIL cjpersson@rosenbergmartin.com

December 1, 2003

SENT BY FEDERAL EXPRESS

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

Re: Institutional Pharmacy Services, LLC

Dear Mr./Madam Clerk:

Enclosed for filing are Articles of Organization for the above-referenced domestic limited liability company. A check for \$155.00 is also enclosed to cover the filing fee, designation of registered agent and certified copy of the filing.

Please return all correspondence concerning this matter to the following:

C.J. Persson
Rosenberg | Martin | Funk | Greenberg, LLP
25 South Charles Street, Suite 2115
Baltimore, Maryland 21202

Should you have any questions or problems with this request, please contact me immediately at (410) 727-6600.

Very truly yours,

C.J. Persson

Enclosure

cc: Mr. David W. Rombro
Stuart R. Rombro, Esquire

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Institutional Pharmacy Services, LLC

ARTICLE II - Address:

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

Principal Office Address:

110 Century Boulevard

First Floor

West Palm Beach, FL 33417

Mailing Address:

110 Century Boulevard

First Floor

West Palm Beach, FL 33417

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

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

David W. Rombro

Name

110 Century Boulevard, First Floor

Florida street address (P.O. Box **NOT** acceptable)

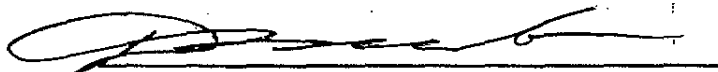
West Palm Beach

FLORIDA 33417

City, State, and Zip

FILED
03 DEC -2 PM 3:28
CLERK OF DISTRICT COURT
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, Florida Statutes..



Registered Agent's Signature

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

DMD Pharmacy Services, LLC

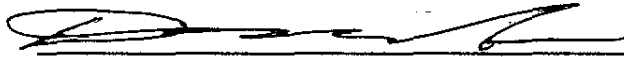
110 Century Blvd., First Floor

West Palm Beach, FL 33417

(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.)

DAVID W. ROMBAO

Typed or printed name of signee

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)