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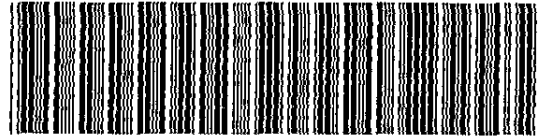
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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SHORES MEDICAL 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:

Samuel J. Eudovique  
(Name of Person)

Shores Medical Center Inc.  
(Firm/Company)

P.O. BOX 21173 Ft Lauderdale Florida  
(Address)

33335-1173  
(City/State and Zip Code)

For further information concerning this matter, please call:

Samuel J. Eudovique at (305) 984-0899  
(Name of Person) (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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SHORES MEDICAL CENTER LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

9345 Park Drive  
Miami Shores Florida  
33138

**Mailing Address:**

P.O. BOX 21173  
Ft Lauderdale Fl  
33335-1173

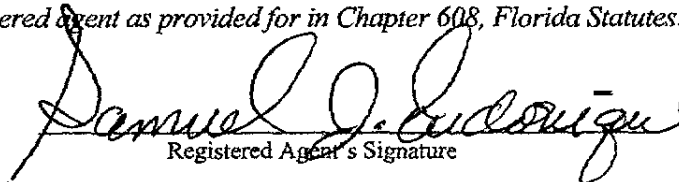
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**  
The name and the Florida street address of the registered agent are:

Samuel J. Eudovique  
Name

1301 NW 175 Terr  
Florida street address (P.O. Box **NOT** acceptable)

Miami florida 33169 FLORIDA  
City, State, and Zip

*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

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

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

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

C.E.O.

OFFICE MANAGER

Samuel J. Eudovique

1301 NW 175 Terr  
Miami Florida 33169

FINANCIAL  
MANAGER

Leslie B. Kirkland

16903 SW 34th Street  
Miramar Florida 33027

Medical  
Director

M.D. Dr. Roosevelt T. Jackson JR

P.O. BOX 350692

FT Lauderdale Florida 33335-0692

NURSING  
DIRECTOR

Karnine Jean-Joseph

12390 NW 8th Street

Plantation Fl 33325

(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.)

Samuel J. Eudovique

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)

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