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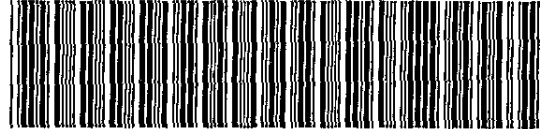
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TALLAHASSEE, FLORIDA

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◇ NATIONAL BOARD CERTIFIED CIVIL TRIAL ADVOCATE

L. WILLIAM GRAHAM
RETIRED

JOE C. WILLCOX
RETIRED

W. HENRY BARBER, JR.
RETIRED

SAM T. DELL
(1912-1992)

203 N. E. 1ST STREET
GAINESVILLE, FL 32601

December 16, 2003

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

Enclosed to be filed with your office are the Articles of Organization for GHOA Disability, LLC. Please return the enclosed copy of the Articles to our office showing the filing date. Also enclosed is a check in the amount of \$125.00 to cover the filing fee.

Sincerely,



Angela Dean, Secretary to
Ellen R. Gershow

/ad

Enclosures

Cc: Clifford L. Gionet, CPA

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Articles of Organization
of
GHOA DISABILITY, LLC

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TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this Limited Liability Company shall be GHOA DISABILITY, LLC.

ARTICLE II - DURATION

The period of duration of this Limited Liability Company shall be perpetual.

ARTICLE III - PURPOSE

The nature of the business to be transacted by this Limited Liability Company and the purpose hereof is to engage in any lawful business or endeavor.

ARTICLE IV - MAILING ADDRESS AND STREET ADDRESS

The initial street address of the principal office of this Limited Liability Company in the State of Florida and the mailing address is 1147 NW 64th Terrace, Gainesville, Florida 32605, which is the initial registered office of the Limited Liability Company.

ARTICLE V - NAME AND STREET ADDRESS OF REGISTERED AGENT

The name and street address of the initial registered agent in this state for this Limited Liability Company is BRUCE K. STECHMILLER, M.D., 1147 NW 64th Terrace, Gainesville, Florida 32605.

ARTICLE VI - ADDITIONAL MEMBERS

New members may be admitted upon the unanimous vote of the members.

ARTICLE VII - CONTINUATION OF BUSINESS

The remaining members of the Limited Liability Company may continue the business of the Limited Liability Company upon the death, retirement, resignation,

expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company upon majority vote.

ARTICLE VIII - MANAGEMENT BY MEMBERS

Management of the Limited Liability Company shall be by the members. The names and addresses of the members are:

BRUCE K. STECHMILLER	1147 NW 64 th Terrace Gainesville, Florida 32605
VERNON MONTOYA	1147 NW 64 th Terrace Gainesville, Florida 32605
ANDRES BHATIA	1147 NW 64 th Terrace Gainesville, Florida 32605
MANUEL de la PUERTA	1147 NW 64 th Terrace Gainesville, Florida 32605

ARTICLE IX - OPERATING AGREEMENT

The power to adopt, alter, amend, and repeal the Operating Agreement is vested in the members.

At Gainesville, Florida, this 8th day of December, 2003.

Bruce K. Stechmiller M.D.
BRUCE K. STECHMILLER, M.D.

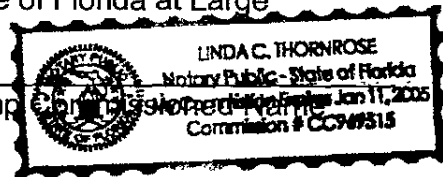
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'ALABAMA', FLORIDA

STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 8th day of December, 2003, by BRUCE K. STECHMILLER, M.D.

Linda C. Thornrose
Notary Public, State of Florida at Large

Print, Type or Stamp
of Notary Public



Personally Known ☒ OR Produced Identification _____
Type of Identification Produced:

- ☐ Current Florida Driver's License
☐ Other _____

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TALLAHASSEE, FLORIDA

ACCEPTANCE OF APPOINTMENT
AS REGISTERED AGENT

I HEREBY ACCEPT appointment as Registered Agent for GHOA DISABILITY, LLC on whom process may be served in the State of Florida. I am familiar with and accept the duties and responsibilities as Registered Agent for said limited liability company, all pursuant to Florida Statutes 608.415.

DATED this 8th day of December, 2003.

Bruce K. Stechmiller MD.

BRUCE K. STECHMILLER
Registered Agent

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