

L040000001030

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000002642 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (305) 672-0686
Fax Number : (305) 672-9110

RECEIVED
AND
FILED
04 JAN -6 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

Atlantic Kidney Stone Technologies, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

RECEIVED
04 JAN -6 PM 2:03
DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing

Public Access Help

JB
1-6-04

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Atlantic Kidney Stone Technologies, LLC

ARTICLE II - Address:

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

Principal Office Address:
Atlantic Kidney Stone Technologies, LLC
1370 13th Avenue South
Suite 121
Jacksonville Beach, Florida 32250

Mailing Address:
The mailing address is the same
as the principal office address

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

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

Dr. John C. Williams
Name

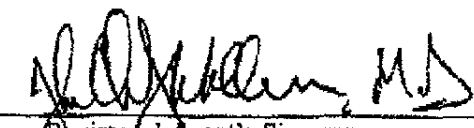
1370 13th Avenue South, Suite 121
Florida street address

Jacksonville Beach, Florida 32250
City, State, Zip

04 JAN -6 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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 F.S.



Registered Agent's Signature
(Continued)
Page 1 of 2

H04000002642

ARTICLE IV - Management and Managing Member(s):

The Limited Liability Company is to be managed by the members.

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

Title:

"MGR" = Manager

"MORM" = Managing Member

Name and Address:

MORM

John C. Williams, M.D.
1370 13th Avenue South, Suite 121
Jacksonville Beach, Florida 32250

MORM


Robert G. Davies, M.D.
2730 Isabella Blvd.
Jacksonville Beach, Florida 32250

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 penal ties of perjury that the facts stated herein are true.)



Typed or printed name of signee

04 JAN -6 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

H04000002642