

**L040000007393**

Florida Department of State  
Division of Corporations  
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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**Lake City Emergency Physicians, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
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1-28-04

ARTICLES OF ORGANIZATION

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FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Lake City Emergency Physicians, LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

3107 Stirling Road, #101

3107 Stirling Road, #101

Fort Lauderdale, FL 33312

Fort Lauderdale, FL 33312

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

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

**CorpDirect Agents, Inc.**

Name

**103 N. Meridian Street, Lower Level**

(P.O. Box or Mail Drop Box NOT Acceptable)

**Tallahassee, FL 32301**

(City / State / 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, F.S.*

**X**

**Registered Agent's Signature - Kevin Roberts, President, CorpDirect Agents, Inc.**

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

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

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

EDCare Management Inc. - 3107 Stirling Road, #101, Fort Lauderdale, FL 33312

MGR

David Schillinger - 3107 Stirling Road, #101, Fort Lauderdale, FL 33312

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

**X**



Signature of a member or 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 Schillinger**

Typed or printed name of signee

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AND  
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