## 64000019485

(Requestor's Name)
(Address)
(Address)
( ladioss)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Southern Manney)
0.15.10
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
-

Office Use Only



300029515043

03/03/04--01048--011 \*\*125.00

DALLARASSES, FLORDA

LOY-19485

#### MICHAEL A. ALTES

ATTORNEY AT LAW

## 4219 LEXINGTON AVENUE JACKSONVILLE, FLORIDA 32210

TELEPHONE: (904) 389-9883

TELECOPIER: (904) 389-3023

March 2, 2004

Department of State Division of Corporations P.O. Box 6327 Fultahassee, Florida 32314

Re: Articles of Organization of Lake Gray Family Physicians, L.L.C.

Dear Sir or Madam:

Enclosed for filing are the Articles of Organization of Lake Gray Family Physicians, 1.1.6 plong with two copies of the same. Please return a file stamped copy to this office. Also enclosed is a check in the amount of \$125.00 representing the filing fee of \$100.00 and the registered agent fee of \$25.00.

Thank you for your assistance. Do not hesitate to contact me should you have any questions.

Very truly yours,

Joan Kenny Altes

Office Manager

R-3 FH 3

.

Enclosines

#### ARTICLES OF ORGANIZATION OF LAKE GRAY FAMILY PHYSICIANS, L.L.C., LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

#### ARTICLE I - Name:

The name of the Limited Liability Company is: Lake Gray Family Physicians, L.L.C.

#### ARTICLE II - Address:

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

8102 Blanding Boulevard, Suite 14 Jacksonville, Florida 32244

#### ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be until December 31, 2034.

# ARTICLE IV — Management: The Limited Liability Company is to be managed by a manager or managers and the names and addresses of such managers who are to serve as managers are: The Limited Liability Company is to be managed by the members and the names and addresses of the managing member is:

Robert A. James 8102 Blanding Boulevard, Suite 14 Jacksonville, Florida 32244

#### ARTICLE V — Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Additional members may be admitted only upon the consent of a majority of the members and only after agreeing to be bound by the provisions of the Regulations.

#### ARTICLE VI - Members' Rights to Continue Business

The right, if given, of the remaining members of the limited liability company to continue the business on 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 shall be:

The Limited Liability Company shall not be dissolved by the death, retirement, resignation,

expulsion, withdrawal, bankruptcy or dissolution of a member.

#### ARTICLE VII - Regulations.

Any Regulations (as defined in Section § 608.402(13) of the Act, relating to this Limited Liability Company must be in writing and signed by all of the Members.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this \_\_\_\_\_\_\_ day of March, 2004.

Robert A. James

01.1522 - 3 PN 3:24

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Lake Gray Family Physicians, L.L.C.

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

Robert A. James 8102 Blanding Boulevard, Suite 14 Jacksonville, Florida 32244

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.

Mobert A. James

04 MAR -3 PM 3: 24 SECHETARY OF STATE.