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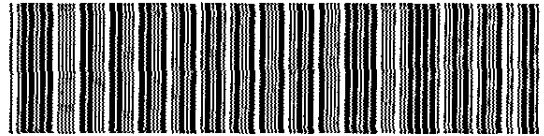
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Acknowledgement

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Comprehensive Medical Solutions, P.L.
(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:

Ronald P. Mondello

(Name of Person)

Mondello & Schechter, PA

(Firm/Company)

0-100 27th Street

(Address)

Fair Lawn, NJ 07410

(City/State and Zip Code)

For further information concerning this matter, please call:

Steven Schechter

(Name of Person)

at (201) 703-9400

(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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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

MONDELLO & SCHECHTER, P.A.

A PARTNERSHIP CONSISTING OF ONE OR MORE PROFESSIONAL CORPORATIONS

ATTORNEYS AT LAW

0-100 27TH STREET

FAIR LAWN, NEW JERSEY 07410

(201) 703-9400

TELECOPIER (201) 703-9430

RONALD P. MONDELLO, P.C.*

STEVEN C. SCHECHTER, P.C.*

***MEMBER OF NJ, NY & FL BARS**

+MEMBER OF NJ, NY & DC BARS

VIA EXPRESS MAIL

March 22, 2004

Diane Cushing
Document Specialist
Florida Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Articles of Organization for COMPREHENSIVE MEDICAL SOLUTIONS, P.L.
Letter No.: 304A00017386
Ref. No.: W04000010448

Dear Ms. Cushing:

I have enclosed herewith the amended Articles of Organization for COMPREHENSIVE MEDICAL SOLUTIONS, P.L. together with your letter to me dated March 16, 2004.

The Articles of Organization have been amended to include a specific statement of the purpose and powers of the entity. I trust that the Articles are now acceptable for filing.

I have enclosed a copy of my prior letter to you dated March 3, 2004 for your reference along with another self-addressed postage pre-paid envelope.

Kindly provide me with a Certified Copy of the filed Articles and a Certificate of Status. We have already paid the fee of \$160.

Thank you in advance.

Very truly yours,


Ronald P. Mondello

RPM/scs
Enc.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 16, 2004

RONALD P. MONDELLO
MONDELLO & SCHECHTER, P.A.
O-100 27TH STREET
FAIR LAWN, NJ 07410

SUBJECT: COMPREHENSIVE MEDICAL SOLUTIONS, P.L.
Ref. Number: W04000010448

We have received your document for COMPREHENSIVE MEDICAL SOLUTIONS, P.L. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 304A00017386

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

ARTICLE I - Name: The name of the Professional Limited Liability Company is
COMPREHENSIVE MEDICAL SOLUTIONS, P.L.

ARTICLE II - Address: The mailing address and street address of the principal office
of the Limited Liability Company is:

Principal Office Address:
8495 Southeast Mangrove Street
Hobe Sound, FL 33455

Mailing Address:
5450 S. State Rd. 7
Suite #3
Ft. Lauderdale, FL 33314

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

Dr. Brett Greenwald
Name

5450 S. State Road 7, Suite 3
Florida street address

Fort Lauderdale, Florida 33314
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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TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMDr. John Ford355 Brainards RoadHarmony Twp.Phillipsburg, N.J. 08865MGRMDr. Michael Diciena355 Brainards RoadHarmony Twp.Phillipsburg, N.J. 08865MGRMDr. Mark Schwartz20-26 Carlton PlaceFair Lawn, N.J. 07410MGRMDr. Brett Greenwald5450 S. State Rd. 7, Suite #3Fort Lauderdale, FL 33314SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.)

Dr. Brett Greenwald

Typed or printed name of signee

ARTICLE V - Company Purpose(s) and Power(s):

The Company shall have the authority and power to conduct all business activities permitted by applicable law to the full extent permitted by the Florida Professional Service Corporations and Limited Liability Companies Act. Without limiting the foregoing, the Company shall have the power and authority to render the practice of medicine, osteopathic medicine and chiropractic manipulation to the public by and through its members, managers and employees licensed to practice medicine, osteopathic medicine and chiropractic medicine within the State of Florida. The Company shall also have the power and authority to render the practice of medicine, osteopathic medicine and chiropractic manipulation to the public outside of the State of Florida by and through its members, manager and employees licensed to practice medicine, osteopathic medicine and chiropractic medicine in such other States where the Company is authorized to conduct business and through its members, managers and employees duly licensed in such jurisdictions to practice medicine, osteopathic medicine and chiropractics. The Company's practice of medicine, osteopathic medicine and chiropractic medicine and manipulation may consist of the actual diagnosing, curing, or relieving in any degree, or professing or attempting to diagnose, treat, cure or relieve, any human disease, ailment, defect or complaint, whether of physical or mental origin, by attendance or by advice, or by prescribing or furnishing any drug, medicine, appliance, manipulation or method, or by any therapeutic agent whatsoever. The Company shall have the full power and authority to purchase, lease and otherwise acquire, hold, mortgage, convey and otherwise dispose of all kinds of property, both real and personal, necessary for the rendering of the service of the practice of medicine, osteopathic medicine, chiropractic medicine and for the diagnosing, treating, curing and/or relieving of human disease, ailment, defect or complaint, both within and outside of the State of Florida.

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TALLAHASSEE, FLORIDA