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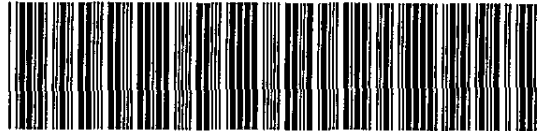
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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARTISTIC CENTER FOR PLASTIC SURGERY, 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:

Frank N. Crossland, Esq.  
(Name of Person)

(Firm/Company)

29605 U.S. HWY 19 N., Suite 330  
(Address)

Clearwater, FL 33761  
(City/State and Zip Code)

For further information concerning this matter, please call:

Frank N. Crossland, Esq. at ( 727 ) 789-8300  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

**ARTICLES OF ORGANIZATION  
of  
ARTISTIC CENTER FOR PLASTIC SURGERY, P.L.**

**Article I. Name.** The name of the professional limited liability company is:

ARTISTIC CENTER FOR PLASTIC SURGERY, P.L.

**Article II. Effective Date and Duration.** The effective date for the commencement of existence of the professional limited liability company shall be March 16, 2004, and the duration of its existence shall be perpetual.

**Article III. Purposes.** The professional limited liability company is organized for the following purposes:

(a) To engage in any and all aspects of the practice of medicine, and any or all of its fields of specialization, and to render such professional services as are engaged in and rendered by duly licensed physicians, surgeons and doctors of medicine.

(b) To engage in and render the professional service involved only through those members, agents and employees of the professional limited liability company who are in good standing and duly licensed or otherwise legally authorized to render the same professional service of the professional limited liability company.

(c) To invest the professional limited liability company's funds in real estate, mortgages, stocks, bonds and any other type of investments permitted by law.

(d) To own real and personal property necessary for the rendition of the professional services hereby authorized.

(e) To engage in no other business other than the rendition of the professional service specified herein.

(f) To do everything that is necessary and proper in accomplishing the purposes herein set forth and to do anything incidental thereto which is not prohibited under the laws of the State of Florida.

**Article IV. Principal Office and Mailing Address.** The initial principal office address and initial mailing address of the professional limited liability company is: 5210 Webb Road, Tampa, Florida 33615, which is also the same address as the initial registered office of the professional limited liability company.

**Article V. Registered Office and Registered Agent.** The Florida street address of the initial registered office of the professional limited liability company is 5210 Webb Road, Tampa, Florida 33615. The name of the initial registered agent of the professional limited liability company at this office is Bart Rademaker, M.D.

**Article VI. Managing Members.** The name and address of the managing members of the professional limited liability company are: Bart Rademaker, M.D., 5210 Webb Road, Tampa, Florida 33615. Title: Managing Member.

**Article VII. Amendment.** The professional limited liability company reserves the right to amend, alter, change, or repeal any provision or provisions contained in these articles of organization, or any amendment thereto, in accordance with Chapters 608 and 621, Florida Statutes, as amended from time to time.

**IN WITNESS WHEREOF**, the undersigned member of this professional limited liability company has executed these articles of organization this 16 day of March, 2004, in the State of Florida.



\_\_\_\_\_  
Bart Rademaker, M.D.  
Member / Managing 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.)

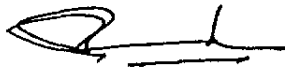
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**Designation of Registered Office and Registered Agent  
for Service of Process within the State of Florida**

Pursuant to the provisions of sections 608.407(1)(c) and 608.415, Florida Statutes:

Artistic Center For Plastic Surgery, P.L., organizing as a professional limited liability company under the laws of the State of Florida, with its registered office located at 5210 Webb Road, Tampa, Florida 33615 (as indicated in the articles of organization accompanied by this statement of designation and acceptance), designates and appoints Bart Rademaker, M.D., as its initial registered agent to accept service of process at the aforesaid address, which address is designated as the professional limited liability company's registered office address for service of process within the State of Florida.

Executed in the State of Florida, this the 16 day of March, 2004.

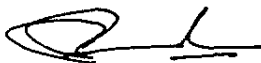


\_\_\_\_\_  
Bart Rademaker, M.D.  
Member / Managing Member

**Statement of Acceptance of Designation as Registered Agent**

Having been designated as initial registered agent to accept service of process for the above named professional limited liability company, at the registered office of the professional limited liability company designated in the articles of organization and this certificate, I hereby accept and agree to act in this capacity, acknowledge that I am familiar with, and accept, the obligations of this position, and further agree to comply with the duties and obligations imposed by, and in accordance with, the provisions of all statutes and laws of the State of Florida relating to the proper and complete performance of my duties in this capacity, as provided in Chapter 608, Florida Statutes.

Executed in the State of Florida, this the 16 day of March, 2004.



\_\_\_\_\_  
Bart Rademaker, M.D.  
Registered Agent

NOTARIAL PUBLIC  
STATE OF FLORIDA