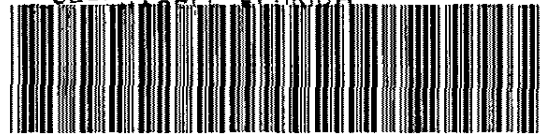


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2004 MAY -3 P 1:58

SECRETARY OF STATE
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA



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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FERNHILL FAMILY MEDICINE L.L.C.
(Name of Limited Liability Company)

FILED
2004 MAY -3 P 1:5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KUMARAN K MOHAN, M.D
(Name of Person)

FERNHILL FAMILY MEDICINE L.L.C.
(Firm/Company)

P. O. BOX 396
(Address)

MOUNT DORA , FLORIDA , FL 32756 -0396
(City/State and Zip Code)

For further information concerning this matter, please call:

KUMARAN K MOHAN , M.D at (352) 383 3042
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FERNHILL FAMILY MEDICINE L.L.C.

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

Mailing Address:

P .O. BOX 396

MOUNT DORA

FLORIDA , FL 32758 -0396

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

Name _____

Florida street address (P.O. Box **NOT** acceptable)

FLORIDA 32726 - 2080

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

FILED

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

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

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

KUMARAN K MOHAN, M.D

2306 GABLES DRIVE

EUSTIS, FL 32728 - 2080

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

KUMARAN K MOHAN, M.D

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)