

LO4 000041346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

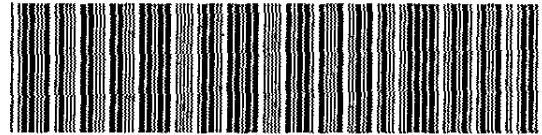
(Business Entity Name)

(Document Number)

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6-204

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 14702 North Florida L.L.C.
(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:

Timothy J. Sweeney
(Name of Person)

David P. Myers, M.D., P.A.
(Firm/Company)

825 West Linebaugh Avenue
(Address)

Tampa / Florida 33612
(City/State and Zip Code)

For further information concerning this matter, please call:

Tim Sweeney at 813 931-5560
(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

04 MAY 27 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

14702 North Florida LLC.

ARTICLE II - Address:

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

Principal Office Address:

825 West Livebaugh Avenue
Tampa, Florida 33612

Mailing Address:

825 West Livebaugh Avenue
Tampa Florida 33612

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

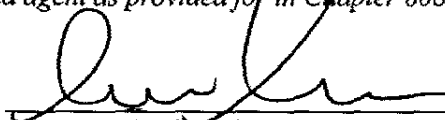
The name and the Florida street address of the registered agent are:

Timothy J. Sweeney
Name

825 West Livebaugh Avenue
Florida street address (P.O. Box **NOT** acceptable)

Tampa FLORIDA 33612
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

APPROVED
AND
FILED
04 MAY 27 AM 10:40
SECRETARY OF STATE
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:

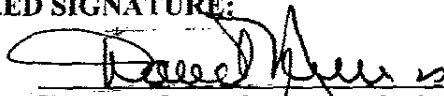
MGRM

David P. Myers
825 W. Linebaugh Avenue
Tampa Florida 33612

(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.)

David P. Myers

Typed or printed name of signee

04 MAY 27 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)