

L04 0000 45877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

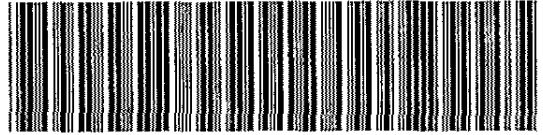
(Document Number)

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*W/10/04*  
*[Signature]*



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 JUN 15 AM 11:49

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Return Name and Address  
CARLOS LOPEZ  
5561 SW 30 AVE  
OCALA FL 34474  
352 861-8013

Date 6/10/04

Address for Regular Mail:

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, Fl. 32314

Address for Courier, Hand, or Express Delivery:

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Fl. 32399

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Articles of Organization/Original Appointment of Agent

Dear Sir:

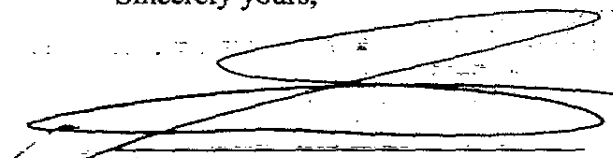
Enclosed please find an original and one copy of Articles of Organization. Also enclosed you will find my check in the amount of \$125.00 which pays the filing fee of \$100.00 and the Registered Agent fee of \$25.00.

Please file and provide a "filed" copy to me, together with any information you commonly provide to new LLCs.

Please contact me if you require anything further. My daytime telephone number is 861-8013

With kindest regards, I am

Sincerely yours,

  
Signature

Enclosures

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CARLOS MANUEL LOPEZ RUBIN

**ARTICLE II - Address:**

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

1133 SE 18th PLACE  
OCALA FL 34471

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

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

PARISIMA LOPEZ

Name

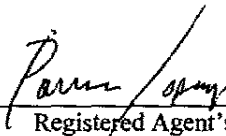
5561 SW 30 AVE

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

OCALA FL 34474

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, F.S.



Registered Agent's Signature

**Article IV - Management (Check box if applicable.):**

- The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**Article V - Purpose and Members:**

The purpose of the Limited Liability Company is to engage in the practice of Medicine for pecuniary profit in the State of Florida. All members of the limited liability company shall be professional service corporations, professional limited liability companies, or individuals, in any combination, duly licensed or otherwise legally authorized to practice medicine in the State of Florida.

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**Article VI - Effective Date:**

  
\_\_\_\_\_  
**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.)

**CARLOS LOPEZ**

\_\_\_\_\_  
Typed or printed name of signer

**FILED**

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TALLAHASSEE, FLORIDA