

Division of Corporations

Page 1 of 1

604000064481

(4)

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

8/30 FLC

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000177518 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
Account Number : 075410002172
Phone : (239)334-4121
Fax Number : (239)334-4100

LIMITED LIABILITY COMPANY

MARILYN JURICIC, M.D., P.L.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

04 AUG 30 PM 12:34

FILED

RECEIVED

04 AUG 30 PM 3:00

Electronic Filing Menu

Corporate Filing

Public Access Help

FAX AUDIT NO.: H04000177518 3

**ARTICLES OF ORGANIZATION
OF
MARILYN JURICIC, M.D., P.L.**

**ARTICLE I
NAME**

The name of the company shall be Marilyn Juricic, M.D., P.L., a Florida professional limited liability company (the "Company").

**ARTICLE II
ADDRESS; PRINCIPAL OFFICE**

The mailing and street address of the principal office of the Company are: 1601 North Central Avenue, Unit 804, Flagler Beach, Florida 32136.

**ARTICLE III
REGISTERED OFFICE AND REGISTERED AGENT**

The name and address of the registered agent of the Company are: Marilyn Juricic, M.D., 1601 North Central Avenue, Unit 804, Flagler Beach, Florida 32136.

**ARTICLE IV
MANAGEMENT**

The Company shall be a member-managed company.

**ARTICLE V
DURATION**

The Company's existence shall commence as of the date these Articles of Organization are filed with the Florida Department of State, and shall continue in effect until it is dissolved upon the occurrence of an event of dissolution described in the Operating Agreement of the Company.

**ARTICLE VI
PURPOSE**

The Company may engage in each and every aspect of the general practice of medicine and such other activities related or incidental thereto, but only through its Members, officers, employees, and agents who are duly licensed or otherwise legally authorized to render such professional services within the state of Florida.

FAX AUDIT NO.: H04000177518 3

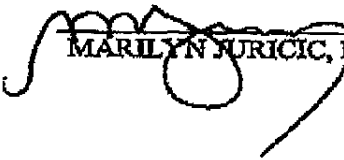
FILED
AUG 30 PM 12:34
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

FAX AUDIT NO.: H04000177518 3

**ARTICLE VII
OPERATING AGREEMENT**

The Members of the Company shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company which may contain any provisions for the regulation and management of the affairs of the Company that are not inconsistent with applicable law or these Amended and Restated Articles of Organization.

IN WITNESS WHEREOF, the undersigned, being the sole Member of the Company, has caused these Articles of Organization to be executed as of this 27 day of August, 2004.


MARILYN JURICIC, M.D., Sole Member

FAX AUDIT NO.: H04000177518 3

FAX AUDIT NO.: H04000177518 3

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

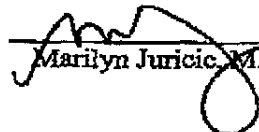
PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED PROFESSIONAL LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/
REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the professional limited liability company is: Marilyn Juricic, M.D.,
P.L.

2. The name and address of the registered agent and office are:

Marilyn Juricic, M.D.
1601 North Central Avenue
Unit 804
Flagler Beach, Florida 32136

Having been named as registered agent and to accept service of process for the above
stated professional 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.


Marilyn Juricic, M.D., Registered Agent

FAX AUDIT NO.: H04000177518 3