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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

RECEIVED

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DIVISION OF CORPORATION

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

physician strategic resources, llc

WLC 11/14/04

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

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PHYSICIAN STRATEGIC RESOURCES, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

701 NORTHPOINT PARKWAY

<SAME>

SUITE 220

WEST PALM BEACH, FLORIDA

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

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

MICHAEL R. PRESLEY, ESQ.

Name

701 NORTHPOINT PARKWAY, SUITE 220

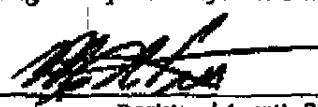
Florida street address (P.O. Box NOT acceptable)

WEST PALM BEACH, FLORIDA 33407

City, State, and Zip

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DIVISION OF CORPORATIONS
FLORIDA SECRETARY OF STATE

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

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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
R. S. MICHAELSON LIMITED PARTNERSHIP
701 NORTHPOINT PARKWAY, SUITE 220
WEST PALM BEACH, FLORIDA 33407
MGRM
R. M. SEIVAD LIMITED PARTNERSHIP
701 NORTHPOINT PARKWAY, SUITE 220
WEST PAL BEACH, FLORIDA 33407

(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.)
GEORGE DAVIES, AUTHORIZED REPRESENTATIVE

Typed or printed name of signer

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)

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 DIVISION OF CORPORATE
 REVENUE