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	(Re	questor's Name)	
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	(Cit	y/State/Zip/Pho	ne #)	
PICI	K-UP	MAIT WAIT		MAIL
- <u>-</u>	(Bu	siness Entity Na	ame)	
· · · · · · · · · · · · · · · · · · ·	(Do	cument Numbe	r)	
Certified Copies		_ Certificate	es of Statu	s
Special Instruc	ions to	Filing Officer:	-	
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789 61 \$175	<u>,</u> ,,	Office Use C	only (THE
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OH OCT -6 PM 1:43

TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations			
SUBJE	EPN URGENT CARE, LLC			
	(Name of Limited Liability Company)			
The end	closed Articles of Organization and fee(s) are submitted for filing.			
	Please return all correspondence concerning this matter to the following:			
	Wame of Person)			
	(Name of Person)			
	EMERGENCY PHYSICIANS OF NAPLES (Firm/Company)	····		
-	1112 GOODLETTE ROAD STE 204 (Address)			
	NAPLES FLURIDA 34102	SEU	04 OCT -6 1	and the same
	(City/State and Zip Code)	TAKE A	CT -	***************************************
For furt	her information concerning this matter, please call:	SSEE, FI	6 PM	
	(Name of Person) at (239) 262-45/9 (Name of Person) (Area Code & Daytime Telephone Numb	- OF E	: 13	- Complete

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 19, 2004

KIRK A HINTZ 1112 GOODLETTE ROAD STE. 204 NAPLES, FL 34102

SUBJECT: EPN URGENT CARE, LLC

Ref. Number: W04000031634

We have received your document for EPN URGENT CARE, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 404A00051153

04 OCT -6 PM 1:43

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

the name of the Limited Liability Company is:	
EPN URGENT CARE,	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:
1112 GOUDLETTE RUAS, STE 204	MARIES FLORIDA 34102
NAPLES, FLORIDA 34102	NAPLES FLORIDA 34102
ARTICLE III - Registered Agent, Registered Office. The name and the Florida street address of the register. GERHARD KAEN Name 1112 GOODLETTE RUAD Florida street address (P.O. Box Market address) City, State, and Zip	Was, MD. STE 204 ASSET TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL

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

Page 1 of 2 (CONTINUED)

The name and address of each Manager o	r Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
mgR_	GERHARD KREMBS, M.D. 1112 GOODLETTE RAND STE 204 NAPLES FL 24/02
MGR	JOHN LEWES, M.D. 1112 GOOKETTE ROAD, STE 204 NAPLES FL 34102
MGR	ALBERTO DELAREVAHERRERA, M.D. 1112 GUONETTE RUAD STE 204 NAPLES FL 34102
(Use attachment if necessary)	JEFFREY ROSENFOELD, M.S. 1112 GUONGETTE ROAM, STE 204 NAPLES FL 34102
* SEE ATTACHMENT	*

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

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

RHARD KREMBS, Y Typed or printed name of signee

that the facts stated herein are true.)

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

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

REQUIRED SIGNATURE:

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

ATTACHMENT

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	ANDREW SHUTER, MD.
	NAPLES FL 34102
MGE	JOHN SPONAUGLE D.O.
	1112 GODDLETTE ROAD STE 204 NAPLES FL 34102
MGQ	KIRK A. HINTZ
	1112 GOUSLETTE ROAD STE 204
	NAPLES FL 34/02
-	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Li	•					
<u> </u>	N URGI	ENT	CARE			
ARTICLE II - Ad The mailing addres		dress of th	ne principal	office of the Li	mited Liabilit	y Compa
Principal Office A	Address:			Mailing Add		
1112 GOODLE	TTE RUAD, S	STE 204		1112 60	FLORIDA	mo, STE
NAPLES, FL	ONTOA 341	02		NADLES	FLORIDA	- 341
The name and the	Florida street ac	ddress of	the registere	_	l Agent's Sigi	aature:
	Florida street ad	ddress of CHARI N LETTE	the registered AEA	ed agent are:	Sagent's Sign	nature:
	Florida street ad	ddress of	the registered ALEAN Name ROAL SERVICE OF THE PROPERTY OF THE	ed agent are: ABS, MD . STE 204	I I SECVE	04 0CT ~ 6
The name and the g been named as regi any at the place design o act in this capacity.	Florida street and Control of Florida street agent and control of this central of the control of	City, S d to acceptificate, I to comply	Name QUAD S (P.O. Box Notate, and Zip of service of post service of post service of post service with the property with the property with the property with the property of the service of post service of	od agent are: AS, MS. STE 204 OT acceptable) ORIDA 3410 process for the appointment ovisions of all si	TALLAHASSEE of the state of the	04 0CT - 6 Ped lia mited lia red agent g to the p
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The name and the g been named as regi any at the place desig o act in this capacity. omplete performance	Florida street and Control of Florida street agent and gnated in this center of my duties, and duties and dut	LETTE rect addres City, S d to acceptificate, I to comply d I am fai	Name ROAD S (P.O. Box Notate, and Zip thereby access y with the promiliar with a	od agent are: ABS, MS. STE 204 OT acceptable) ORIDA 3410 process for the appointmovisions of all sind accept the oil	TALL AHAS SEE above stated line tatutes relating bligations of m	04 0CT - 6 Ped lid mited lid red agent g to flue p

Page 1 of 2 (CONTINUED)

The name and address of each Manager of	or Managing Member is as follows:			
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
mgr_	GERHARD KREMBS, M.D. 1112 GOODETTE ROAD STE 204 NAMES FL 24/02			
MGR	JOHN LEWES, M.D. 1112 GOODGETTE ROAD, STE 204 NAPLES FL 34102			
MGP	ALBERTO DELAREVAHEARERA, M.D. 1112 GOODLETTE ROAD STE 204 NAPLES FL 34102			
(Use attachment if necessary)	JEFFREY ROSENFUELD, M.D. 1112 COORLETTE ROAM, STE 204 NAPLES FL 34102			
* SEE ATTACHMENT *				
NOTE: An additional article must be added if an effective date is requested.				
REQUIRED SIGNATURE:				
Signature of a member or an au	thorized representative of a member.			
(In accordance with section 608.4 of this document constitutes an af that the facts stated herein are true	thorized representative of a member. 108(3), Florida Statutes, the execution firmation under the penalties of perjury e.)			
CERHARD	KREMBS, YMJ).			
Typed or prin	ted name of signee			

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	ANDREW SHUTER, MD. 1112 GOOMETTE ROAD, STE 204 NAPLES FL 34102
mgr_	JOHN SPONAUGLE D.D. 1112 GOODLETTE ROAL STE 204 NAPLES FL 34/02
WGO	KIRK A. HINTZ 1112 GOUDLETTE ROAD STE 204 NAALES FL 34/02
	

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