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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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W04 - 31634



700040275727

10/07/04--01031--019 **25.00

08/18/04--01022--015 **100.00

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04 OCT -6 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EPN URGENT CARE, LLC
(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:

KIRK A. HENTZ
(Name of Person)

EMERGENCY PHYSICIANS OF NAPLES
(Firm/Company)

1112 GOODLETTE ROAD STE 204
(Address)

NAPLES FLORIDA 34102
(City/State and Zip Code)

For further information concerning this matter, please call:

KIRK A. HENTZ at (239) 262-4519
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

1112 GOODLETTE ROAD, STE 204
NAPLES, FLORIDA 34102

Mailing Address:

1112 GOODLETTE ROAD, STE 204
NAPLES FLORIDA 34102

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

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

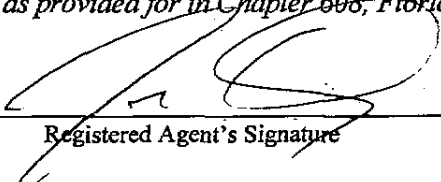
GERHARD KREMAS, M.D.
Name

1112 GOODLETTE ROAD STE 204
Florida street address (P.O. Box **NOT** acceptable)

NAPLES FLORIDA 34102
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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:

MGR

GERHARD KREMB, M.D.
1112 GOODLETTE ROAD STE 204
NAPLES FL 34102

MGR

JOHN LEWIS, M.D.
1112 GOODLETTE ROAD, STE 204
NAPLES FL 34102

MGR

ALBERTO DELARIVAHERERA, M.D.
1112 GOODLETTE ROAD STE 204
NAPLES FL 34102

MGR

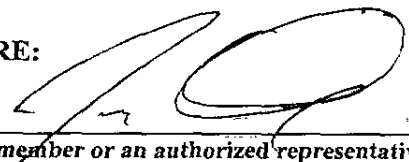
JEFFREY ROSENFIELD, M.D.
1112 GOODLETTE ROAD, STE 204
NAPLES FL 34102

(Use attachment if necessary)

*** SEE ATTACHMENT ***

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.)

GERHARD KREMB, M.D.
Typed or printed name of signee

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ATTACHMENT

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:

MGR

ANDREW SHUTER, MD.
1112 GOODLETTE ROAD, STE 204
NAPLES FL 34102

MGR

JOHN SPONAGLE, D.O.
1112 GOODLETTE ROAD STE 204
NAPLES FL 34102

MGR

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

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TALLAHASSEE, FLORIDA

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Mailing Address:

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NAPLES FLORIDA 34102

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

GERHARD KREMB, MD.

Name

1112 GOODLETTE ROAD STE 204

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

NAPLES FLORIDA 34102

City, State, and Zip

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STATE ARCHIVE

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NAPLES FL 34102

MGR

JOHN LEWES, M.D.
1112 GOODLETTE ROAD, STE 204
NAPLES FL 34102

MGR

ALBERTO DELARIVA HERRERA, M.D.
1112 GUONETTE ROAD STE 204
NAPLES FL 34102

MGR

JEFFREY ROSENFIELD, M.D.
1112 GULBETTIE ROAD, STE 204
NAPLES FL 34102

(Use attachment if necessary)

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Typed or printed name of signee

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