

L U40000 74923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

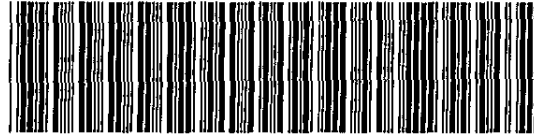
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500041699135

10/18/04--01001--001 \*\*125.00

RECEIVED  
04 OCT 15 PM 2:57  
STATE  
DIVISION OF REVENUE  
TALLAHASSEE, FLORIDA

FILED  
04 OCT 15 AM 8:54  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

BK



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 929313 9798A

AUTHORIZATION :

COST LIMIT : \$ PPD

FILED  
04 OCT 15 AM 8:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : October 15, 2004

ORDER TIME : 2:18 PM

ORDER NO. : 929313-005

CUSTOMER NO: 9798A

CUSTOMER: Harlan L. Paul, Esq  
Paul & Elkind, P.a.

142 E. New York Avenue

Deland, FL 32724

DOMESTIC FILING

NAME: ORANGE CITY MEDICAL  
ASSOCIATES, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Justin Cheshire - EXT. 2909

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION OF  
ORANGE CITY MEDICAL ASSOCIATES, LLC**

**FILED**  
04 OCT 15 AM 8:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I  
(NAME)**

The name of the limited liability company is Orange City Medical Associates, LLC.

**ARTICLE II  
(PURPOSE)**

The purpose of Orange City Medical Associates, LLC, shall be to conduct any lawful purpose.

**ARTICLE III  
(PRINCIPAL ADDRESS)**

The mailing address and street address of the principal office of Orange City Medical Associates, LLC is 740 W. Plymouth Avenue, DeLand, FL 32720.

**ARTICLE IV  
(MANAGER)**

Orange City Medical Associates, LLC, shall initially be managed by its members.

**ARTICLE V  
(MEMBERS)**

The initial members of Orange City Medical Associates, LLC shall be:

<u>Member</u>		<u>Address</u>
Royce Hood, MD	(6%)	740 W. Plymouth Avenue DeLand, FL 32720
Mark W. Hollmann, MD	(58%)	740 W. Plymouth Avenue DeLand, FL 32720
Frank L. Denoff, MD	(6%)	740 W. Plymouth Avenue DeLand, FL 32720
Stephen M. Reed, MD	(10%)	740 W. Plymouth Avenue DeLand, FL 32720
Stephane Lavoie, MD	(10%)	740 W. Plymouth Avenue

DeLand, FL 32720

Harlan L. Paul

(10%)

142 East New York Avenue  
DeLand, FL 32724

**ARTICLE VI**  
**(Death, Bankruptcy or Dissolution of a Member)**

In the event of the Death, Bankruptcy or Dissolution of one of the members of Orange City Medical Associates, LLC, the business of the company may be continued by the remaining members of the company if agreed to by at least two-thirds (2/3) of such remaining members.

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

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida:

- (1) The name of the limited liability company is Orange City Medical Associates, LLC
- (2) The name and address of the registered agent and office is:

Mark W. Hollmann, M.D.  
740 W. Plymouth Avenue  
DeLand, FL 32720

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

Dated: 10/12/04

  
Mark W. Hollmann, M.D.

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.

  
Mark W. Hollmann, M.D.

STATE OF FLORIDA  
COUNTY OF VOLUSIA

On this 14<sup>th</sup> day of October, 2004, before me, an officer duly qualified to take acknowledgments, personally appeared Mark W. Hollmann who is personally known or who produced \_\_\_\_\_ as identification, to be the person described in and who executed the foregoing who ( ) did or ( ☒ ) did not take an oath.

WITNESS my hand and official seal in the State and County aforesaid, this 14<sup>th</sup> day of October, 2004.



Norton L. Paul  
My Commission 00334141  
Expires October 22, 2006

Notary Public

(SEAL)