L04000078716

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	-
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

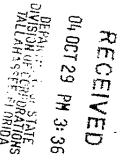
Office Use Only



000042255120

11/01/04--01001--011 **130.00

O4 OCT 29 AM 8: 59
SECEL DAY OF STATE
ALLAHASSEE, FLORIO



1 /	,	•		
	us-			
Requester's Name STUART E. GOLDBERG ATTORNEY AT LAW				
P.O. BOX 42458 TALLAHASSEE, FL 32317-2458				
City/State/Zip Phone #		··· -	~. ·	2 1
			7	
CORPORATION NAME(S) & DOCUM	MENT NUM	-	Office Use Only	OLONG MOS
1. Clinux of Talk	ahasse	Q. L.L.	C	STATE A
(Corporation Name)	(D	ocument #)		. *
2. (Corporation Name)	(D	ocument #)		· ·
3(Corporation Name)	<u>. (D</u>	ocument #)		<u>:</u>
4. (Corporation Name)	(D	ocument #)		
Walk in Pick up time		,	Certified Copy	
Mail out Will wait	Photoco	opy	Certificate of S	tatus
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	Resign Change	dment nation of R.A. ge of Registere lution/Withdra		
OTHER FILINGS			ALIFICATION	; · · ·
Annual Report Fictitious Name		ed Partnership atement		
CR2E031(7/97)			Examiner's Initia	als

ARTICLES OF ORGANIZATION

OF

CLINYX OF TALLAHASSEE, L.L.C.

Article I. Name

The name of this limited liability company is Clinyx of Tallahassee, L.L.C. ("the Company").

Article II. Duration

The duration of the Company shall be perpetual.

Article III. Address of Principal Office

The street address and mailing address of the principal office of the Company is 1401 Centerville Road, Suite 800, Tallahassee, Florida 32308.

Article IV. Initial Registered Agent and Address

The name and street address of the initial registered agent of the Company is Patty Knap, 1401 Centerville Road, Suite 800, Tallahassee, Florida 32308.

Article V. Admission of Additional Members

No additional members shall be admitted to the Company except with the unanimous written consent of all the members of the Company and upon such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the Company as set forth in the Operating Agreement or Members Agreement of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or to become a member unless all the other members of the Company, other than the member proposing to dispose of his or her interest, approve of the proposed transfer by unanimous written consent.

Article VI. Members' Rights to Continue Business

Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member, or upon the occurrence of any other event that terminates the continued membership of a member in the Company, the remaining members of the Company shall have the right to continue the business of the Company, provided that all remaining members consent to the continuation and there is at least one remaining member.

Article VII. Management

Management of the Company shall be reserved to the members. The names and addresses of the managing members of the Company are:

Articles of Organization Page 1 c



John N. Katopodis, M.D. 3842 E. Miller's Bridge Road Tallahassee, Florida 32312

David W. Smith, M.D. 3340 Charleston Road Tallahassee, Florida 32309

Wayne B. Batchelor, M.D. 1539 Fernando Drive Tallahassee, Florida 32303

Earl McKenzie, III, M.D. 10400 Wadesboro Road Tallahassee, Florida 32317

Mark A. Hayes, M.D. 2958 Golden Eagle Drive East Tallahassee, Florida 32312 Marilyn M. Cox, M.D. 3842 E. Miller's Bridge Road Tallahassee, Florida 32312

David L. Tedrick, M.D. 711 Hillcrest Street Tallahassee, Florida 32308

Frank E. Gredler, M.D. 503 Bobbin Brook Lane Tallahassee, Florida 32312

J. Galt Allee, M.D. 13426 Meridian North Tallahassee, Florida 32312

Under penalties of perjury, I, John N. Katopodis, declare that I have read the foregoing Articles of Organization and the facts stated in it are true.

Signed at Tallahassee, Leon County, Florida, on the 13 day of October, 2004.

John N. Katonodis, Member

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes (2003), the undersigned limited liability company, organized under the laws of the State of Florida, 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 Clinyx of Tallahassee, LLC.
- 2. The name and address of the registered agent and office is Patty Knap, 1401 Centerville Road, Suite 800, Tallahassee, Florida 32308.

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 property and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signed at Tallahassee, Leon County, Florida, on the 25 day of October, 2004.

Patty Crop