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TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

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CONTACT: ED

DATE: 11/17/04

REF. #: 0174.31915

CORP. NAME: PRIVATE PHYSICIAN SERVICES, P.L.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 570338 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

1 COST LIMIT: \$                     

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

November 17, 2004

CORPDIRECT AGENTS

TALLAHASSEE, FL

SUBJECT: PRIVATE PHYSICIAN SERVICES, P.L.  
Ref. Number: W04000042278

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE.

We have received your document for PRIVATE PHYSICIAN SERVICES, P.L. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

The Articles must contain a statement of the specific professional practice -- e.g. medicine -- in which the company will engage.

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) 245-6914.

Buck Kohr  
Document Specialist

Letter Number: 804A00065538

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE.

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TALLAHASSEE, FLORIDA  
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ARTICLES OF ORGANIZATION

PRIVATE PHYSICIAN SERVICES, P.L.,  
a Florida professional limited liability company

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I  
NAME

The business and affairs of the Professional Limited Liability Company shall be conducted under the name of:

PRIVATE PHYSICIAN SERVICES, P.L.

ARTICLE II  
PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Professional Limited Liability Company within the State of Florida shall be:

1801 Arlington Street, Suite 2  
Sarasota, FL 34239

ARTICLE III  
INITIAL REGISTERED AGENT/OFFICE

The registered office of the Professional Limited Liability Company and its initial registered agent shall be:

Kenneth D. Doerr  
240 S. Pineapple Avenue, 10<sup>th</sup> Floor  
Sarasota, FL 34236

ARTICLE IV  
PURPOSES

The purposes of the Professional Limited Liability Company are to engage in the practice of medicine and any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE V  
MANAGEMENT AND POWERS

The business and affairs of the Professional Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Professional Limited Liability Company.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the  
11th day of November, 2004.

WITNESSES:

Cynthia L. Snyder  
Print Name CYNTHIA L. SNYDER

Kenneth D. Doerr  
Kenneth D. Doerr

Cheryl E. Johnson  
Print Name CHERYLE JOHNSON

"AUTHORIZED AGENT"

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Professional Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Professional Limited Liability Company is:

PRIVATE PHYSICIAN SERVICES, P.L.

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

Kenneth D. Doerr  
240 S. Pineapple Avenue  
10<sup>th</sup> Floor  
Sarasota, FL 34236

Having been named to accept service of process for the above stated Professional 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: \_\_\_\_\_

11/10/04



Kenneth D. Doerr

“REGISTERED AGENT”