

W4000094390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

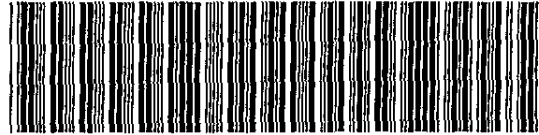
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000043426220

12/22/04--01038--010 **155.00

FILED

2004 DEC 22 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W4-94390
JR

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Schuster Plastic Surgery Center, 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:

Steven Schuster, MD, FACS
(Name of Person)

Steven Schuster, MD, PA
(Firm/Company)

1905 Clint Moore Rd., Suite 101
(Address)

Boca Raton, FL 33496
(City/State and Zip Code)

For further information concerning this matter, please call:

Steven Schuster, MD at (561) 912-9191
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

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

2004 DEC 22 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Schuster Plastic Surgery Center, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

c/o Steven Schuster, MD, PA
1905 Clint Moore Rd., Suite 101
Boca Raton, FL 33496

Mailing Address:

same

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

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

Steven Schuster, MD

Name

1905 Clint Moore Rd., Suite 101

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

Boca Raton, FL 33496

FL

City, State, and Zip

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, F.S..

Steven Schuster, MD

Registered Agent's Signature

(CONTINUED)

FILED
2004 DEC 22 PM 4:30
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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:

MGRM

Steven Schuster, Pres. of Steven Schuster, MD,
1905 Clint Moore Rd., Suite 101
Boca Raton, FL 33496

(Use attachment if necessary)

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.)

Steven Schuster, MD; Pres of Steven Schuster, MD, PA

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**
- \$ 30.00 Certified Copy (Optional)**
- \$ 5.00 Certificate of Status (Optional)**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 DEC 22 PM 12:56

FILED