

W05000003561

00855-02827-00676-02963 \$125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

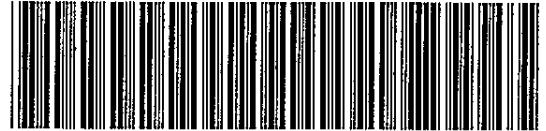
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

1/7 FL LC

Office Use Only

W04-41753



600042426516

WJH

01/11/05--01057--011 **25.00

11/10/04--01015--017 **100.00

FILED
05 JAN -7 PM 2:19
FBI - TAMPA

Physician's One Source, L.L.C.
416 Admiral Cove
Tarpon Springs, FL 34689
(727) 641-9042

November 3, 2004

State of Florida
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

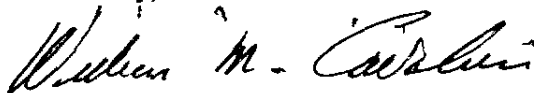
Dear Sir or Madam:

Enclosed you will find two original copies of the Articles of Organization for Physician's One Source, L.L.C. In addition, you will find a check made payable to the Division of State in the amount of \$100.00 representing the filing fee and designation of registered agent fee.

Please return one copy of the Articles of Organization with the filing date stamped on them.

If I can answer any question with regard to the above, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "William M. Cavalieri". The signature is fluid and cursive, with the first name "William" being the most prominent.

William M. Cavalieri



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 15, 2004

WILLIAM M. CAVALIERI
416 ADMIRAL COVE
TARPON SPRINGS, FL 34689

SUBJECT: PHYSICIAN'S ONE SOURCE, L.L.C.
Ref. Number: W04000041753

We have received your document for PHYSICIAN'S ONE SOURCE, L.L.C. and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

Please return 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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 804A00064925

**ARTICLES OF ORGANIZATION
OF
PHYSICIAN'S ONE SOURCE, L.L.C.**

ARTICLE 1 - NAME

The name of this Limited Liability Company is **Physician's One Source, L.L.C.**

ARTICLE II - DURATION

This Limited Liability Company shall have perpetual existence commencing on the date of this filing of these Articles with the Department of State.

ARTICLE III - PURPOSE

This Limited Liability Company is organized for the purpose of transacting any or all lawful business for which Limited Liability Companies may be organized under Chapter 608, Florida Statutes, as now exists or may after be amended.

ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT

The principal address of the Limited Liability Company is 416 Admiral Cove, Tarpon Springs, FL 34689, the address of the initial registered office is 416 Admiral Cove, Tarpon Springs, FL 34689; and the name of the initial registered agent of this Limited Liability Company at that address is William M. Cavalieri.

ARTICLE V - MANAGEMENT

This Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company. The number of managers may be either increased or decreased from time to time by the bylaws; however, there shall never be less than one manager or more than five. The name and address of the initial Managers of the Limited Liability Company are:

William M. Cavalieri
416 Admiral Cove
Tarpon Springs, FL 34689

ARTICLE VI - INDEMNIFICATION

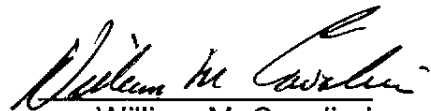
The Limited Liability Company shall indemnify any Manager or any former Manager, to the full extent permitted by law.

FILED
05 JAN -7 PM 2:19
TALLAHASSEE, FLORIDA

ARTICLE VII - AMENDMENT

This Limited Liability Company reserves the right to amend or repeal any provision contained in these Articles of Organization, or any amendment hereto, by a majority vote of the Managers, and any right conferred upon the managers is subject to this reservation.

IN WITNESS WHEREOF, the undersigned Manager has executed these Articles of Organization on the 30th day of November, 2004.



William M. Cavalieri
Manager

STATE OF FLORIDA
COUNTY OF PINELLAS

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared William M. Cavalieri, known to be and known by me to be the person who executed the foregoing Articles of Organization, and he acknowledged before me that he executed those Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 30th of November, 2004.



NOTARY PUBLIC, State of Florida at Large
My commission expires:

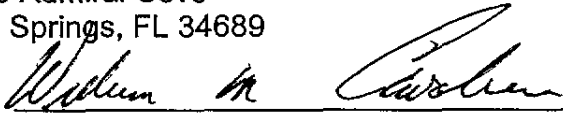
Zed M. Turner Jr
My Commission DD252052
Expires September 21 2007

CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of Section 608., Florida Statutes, 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: PHYSICIAN'S ONE SOURCE, L.L.C.
2. The name and address of the registered agent and office is:

William M. Cavalieri
416 Admiral Cove
Tarpon Springs, FL 34689



Signature

Manager

Title

11-03-04

Date

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATAIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATION OF SECTION 608 FLORIDA STATUTES.



Signature - Registered Agent

11-03-04

Date