

FEB-21-2005 11:40

ALAN S. GASSMAN, P.A.

727-443-5829 F.O. 02

LO5000017668

FILED

Florida Department of State
Division of Corporations
Public Access System

2005 FEB 21 A 10:11

Electronic Filing Cover Sheet

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H03000043308.3))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.
Account Number : 075350000514
Phone : (727) 442-1200
Fax Number : (727) 443-5829

RECEIVED
05 FEB 21 PM 12:07
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY
TARPON SPRINGS MEDICAL ASSOCIATES, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing

Public Access Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**FILED****ARTICLE I - Name:**

The name of the Limited Liability Company is: **TARPON SPRINGS MEDICAL ASSOCIATES, L.L.C.**

2005 FEB 21 A 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

3820 Tampa Road, Suite 102, Palm Harbor, FL 34684

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

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

Alan S. Gassman

Name

1245 Court Street, Suite 102

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

Clearwater, FL 33756

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.



Registered Agent's Signature

(An additional article must be added if an effective date is requested)

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.)



ALAN S. GASSMAN

J:\S\Schlau, Aron\Tarpon Springs Medical Associates, L.L.C\Articles of Organization, whd
jas 2-18-05

ARTICLES OF ORGANIZATION OF TARPON SPRINGS MEDICAL ASSOCIATES, L.L.C.

PAGE 1

Alan S. Gassman, Esquire
1245 Court Street Suite 102
Clearwater, FL 33756
(727) 442-1200
Florida Bar #: 371750

TOTAL P.02