

03/07/2005 MON 10:10 FAX 239 334 4100 Henderson Franklin et al

001/004

Division of Corporations

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Florida Department of State  
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**LIMITED LIABILITY COMPANY**

**FLORIDA PEDIATRIC PULMONOLOGY, LLC**

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA  
0002/004

**ARTICLES OF ORGANIZATION  
OF  
FLORIDA PEDIATRIC PULMONOLOGY, LLC**

**ARTICLE I  
NAME**

The name of the limited liability company shall be Florida Pediatric Pulmonology, LLC (the "Company").

**ARTICLE II  
MAILING ADDRESS AND STREET ADDRESS**

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

9800 S. Healthpark Drive  
Suite 110  
Fort Myers, FL 33908

**ARTICLE III  
INITIAL REGISTERED AGENT AND OFFICE**

The name and street address of the initial registered agent of the Company are:

Luis A. Faverio, M.D.  
9800 S. Healthpark Drive  
Suite 110  
Fort Myers, FL 33908

**ARTICLE IV  
PURPOSE**

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the state of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

**ARTICLE V  
DURATION**

The Company shall exist from the date of filing these Articles of Organization with the Department of State and shall be dissolved upon the occurrence of any event of dissolution as described in the Operating Agreement of the Company.

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**ARTICLE VI  
OPERATING AGREEMENT**

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

IN WITNESS WHEREOF, the undersigned, being the sole Member of the Company, has executed these Articles of Organization, this 7 day of March, 2005.

  
Luis A. Faverio, M.D.

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company 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: Florida Pediatric Pulmonology, LLC.

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

Luis A. Faverio, M.D.  
9800 S. Healthpark Drive  
Suite 110  
Fort Myers, FL 33908

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.

  
Luis A. Faverio, M.D., Registered Agent

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