

Mar-10-2005 10:58am

From: RUDEN McCLOSKEY LLP

T-44

001/003

F-854

L05000024398

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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.

(((H05000060148 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: RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.
Account Number: 076077000521
Phone: (954) 527-2428
Fax Number: (954) 764-4996

RECEIVED

05 MAR 10 AM 11:05

DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

Lifetime Family Medicine, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

FILED
05 MAR 10 AM 8:58
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing

Public Access Help

JB
3-11-05

**ARTICLES OF ORGANIZATION
OF
LIFETIME FAMILY MEDICINE, LLC
a Florida Limited Liability Company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME. The name of the Limited Liability Company is LIFETIME FAMILY MEDICINE, LLC (the "Company").
2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing address for the Company is: 4300 Northwest 81 Terrace, Coral Springs, Florida 33065.
3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Marlene H. Smith, M.D., 4300 Northwest 81 Terrace, Coral Springs, Florida 33065.

The undersigned has executed these Articles of Organization on the 8 day of March, 2005.

By: Marlene H. Smith 3/8/05
Marlene H. Smith, M.D., Authorized
Representative

FILED
05 MAR 10 AM 8:58
TALLAHASSEE, FLORIDA

H050000601483

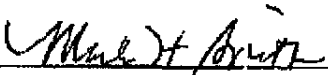
**CERTIFICATION OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**


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: LIFETIME FAMILY MEDICINE, LLC
2. The name and address of the registered agent and office is:

Marlene H. Smith, M.D.
4300 Northwest 81 Terrace
Coral Springs, Florida 33065

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 its 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.


Marlene H. Smith, M.D., Registered Agent


Date

FILED
05 MAR 10 AM 8:58
TALLAHASSEE, FLORIDA

H050000601483