į

# LD50000383914

(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:
ND5 18074

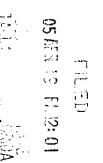
Office Use Only



500049900115

04/08/05--01032--007 \*\*155.00

4605



T. Brumbley APR 2 0 2005

LAW OFFICES
JOHN C. BOVAY, P.A.
901 N.W. 57th Street
Gainesville, Florida 32605

JOHN C. BOVAY

LL.M. IN TAXATION

ALSO ADMITTED IN DISTRICT OF COLUMBIA

JULIA M. COOK

LL.M. IN TAXATION

TELETHONE 352-331-9092
FACSIMILE 352-331-7376
johncbovaypa.com
jack@johncbovaypa.com
julle@johncbovaypa.com

April 15, 2005

Florida Department of State Division of Corporations P.O. Box 6327 Taliahassee, Florida 32314

Attn: Trevor Brumbley

Re: Articles of Organization of The Center for Women's Continence, Pelvic Rehabilitation and Reconstruction, P.L.

#### To Whom It May Concern:

Please find enclosed an original and one copy of the Articles of Organization of The Center for Women's Continence, Pelvic Rehabilitation and Reconstruction, P.L. with a registered agent designation and acceptance, as per your letter dated April 11, 2005. Thank you for promptly bringing this matter to my attention.

The effective date of the company's existence is April 15, 2005. Please send the certified copy to me and I will deliver it to my client. Thank you for your assistance.

Sincerely,

O5 APR 13 FILED

FILED

FILED

JCB:jc Encl.



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 11, 2005

JOHN C. BOVAY, P.A. 901 NW 57TH ST GAINESVILLE, FL 32605

SUBJECT: THE CENTER FOR WOMEN'S CONTINENCE, PELVIC

REHABILITATION AND RECONSTRUCTION, P.L.

Ref. Number: W05000018074

We have received your document for THE CENTER FOR WOMEN'S CONTINENCE, PELVIC REHABILITATION AND RECONSTRUCTION, P.L. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with 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) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 205A00024504

05 APR 19 FILIZ: 01

# ARTICLES OF ORGANIZATION OF THE CENTER FOR WOMEN'S CONTINENCE, PELVIC REHABILITATION AND RECONSTRUCTION, PROFESSIONAL LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

#### ARTICLE I — Name:

The name of the limited liability company (hereinafter referred to as the "Company") is "The Center for Women's Continence, Pelvic Rehabilitation and Reconstruction, P.L."

#### ARTICLE II — Address:

The mailing address and street address of the principal office of the Company is: 6440 West Newberry Road, Suite 409, Gainesville, Florida 32605.

#### ARTICLE III — Registered Agent:

The name and the Florida street address of the initial registered agent are: John C. Bovay, at 901 N.W. 57<sup>th</sup> Street, Gainesville, Florida 32605.

#### ARTICLE IV — Management:

41505

The Company is to be managed by the members.

## **ARTICLE VI - Purpose:**

The Company is organized for the sole and specific purpose of providing professional medical services by duly licensed doctors of medicine.

#### ARTICLE V — Limitation on Agency Authority of Members:

Pursuant to section 608.4235 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

## ARTICLE VI Effective Date of Company's Existence:

The effective date of the company's existence is April 15, 2005.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 15<sup>th</sup> day of April, 2005.

John C. Bevay,

Authorized Representative

In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

John C. Boyay,

Authorized Representative

#### ACCEPTANCE BY REGISTERED AGENT

Having been named as the registered agent for the above-mentioned Company at the place designated in the foregoing Articles of Organization, I hereby accept such designation and agree to act in such capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties as registered agent. I am familiar with, and accept the duties and obligations of, Section 608.415 of the Florida Statutes.

Dated this 15th day of April, 2005.

John C Bovay

05 APR 19 FH 12: 02