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.

(((H050001076163)))

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

To:

#991612.0006

Division of Corporations Fax Number

: (850)205-0383

From:

: TRIPP SCOTT, P.A. Account Name Account Number : 075350000065

Phone : (954)525-7500 Fax Number : (954)761-8475

### LIMITED LIABILITY COMPANY

### Seacrest Professional Investments, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu.

Corporate Filing.

Public Access Help

P. 02

H05000107616

# ARTICLES OF ORGANIZATION OF SEACREST PROFESSIONAL INVESTMENTS, LLC

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

#### ARTICLE I NAME

The name of this limited liability company is:

SEACREST PROFESSIONAL INVESTMENTS, LLC

## ARTICLE II PRINCIPAL OFFICE/MAILING ADDRESS

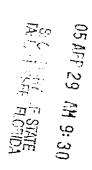
The principal office and mailing address of this limited liability company is:

1401 NW 9th Avenue Boca Raton, FL 33486

# ARTICLE III REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

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

Dennis D. Smith, Esq. c/o Tripp Scott, P.A. 110 SE 6<sup>th</sup> Street, 15<sup>th</sup> Floor Fort Lauderdale, Florida 33301



Prepared By:

Tanya L. Bower, Esq. FL Bar No. 0093378 Tripp Scott, P.A. P.O. Box 14245 Fort Lauderdale, FL 33302 954-525-7500

H05000107616

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.

Dennis D. Smith, Esq. Registered Agent

## ARTICLE IV MANAGER(S) OR MANAGING MEMBER(S)

<u>Title</u> "MGR" = Manager "MGRM" = Managing Men	Name and Address
MGR	Robert B. Zann, MD 1401 NW 9th Avenue Boca Raton, FL 33486-1304
MGR	Stewart G. Eidelson, MD 1401 NW 9th Avenue Boca Raton, FL 33486-1304
MGR	John A. Van Houten, MD 1401 NW 9 <sup>th</sup> Avenue Boca Raton, FL 33486-1304
MGR	Eric T. Shapiro, MD 1401 NW 9 <sup>th</sup> Avenue Boca Raton, FL 33486-1304
MGR	Edgar G. Handal, MD 1401 NW 9 <sup>th</sup> Avenue Boca Raton, FL 33486-1304
MGR	Brandon J. Luskin, MD 1401 NW 9 <sup>th</sup> Avenue Boca Raton, FL 33486-1304

H05000107616

P. 04

H05000107616

MGR

David R. Simpson, MD

1401 NW 9th Avenue

Boca Raton, FL 33486-1304

MGR

Albert I. Rodriguez, MD 2828 South Seacrest Blvd. Boynton Beach, FL 33435-7944

MGR

Bart G. Gatz, MD

2828 South Seacrest Blvd.

Boynton Beach, FL 33435-7944

MGR

Alexis R. Renta, MD 2828 South Seacrest Blvd. Boynton Beach, FL 33435-7944

REQUIRED SIGNATURE:

Dennis D. Smith, Esq.

Authorized Representative of the Members

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

05 N2F 29 AN 9: 30