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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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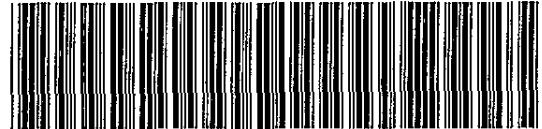
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA
AMBULATORY CARE AFFILIATES OF ~~FLORIDA~~, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lewis W. Coppel
(Name of Person)

Ambulatory Care Affiliates, Ltd.
(Firm/Company)

1875 Tamarack Circle
(Address)

Columbus, OH 43229
(City/State and Zip Code)

SECRET
DIVISION OF STATE
CORPORATIONS
FLORIDA

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For further information concerning this matter, please call:

William Bookmyer at (614) 880-5580
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMBULATORY CARE AFFILIATES OF FLORIDA, LLC

ARTICLE II - Address:

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

Principal Office Address:

ACA OF FLORIDA
1336 WEST FLETCHER AVE
TAMPA, FL 33612

Mailing Address:

ACA OF FLORIDA
1875 TAMARACK CIRCLE
COLUMBUS, OHIO 43229

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

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

DON MINCEY
Name
1336 WEST FLETCHER AVE
Florida street address (P.O. Box **NOT** acceptable)
TAMPA FL 33612
City, State, and Zip

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TAMPA
FLORIDA

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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

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

LEWIS WM COPPEL JR, MD
1875 TAMARACK CIRCLE
COLUMBUS, OHIO 43229

MGRM

NINO DI IULIO, MD
1875 TAMARACK CIRCLE
COLUMBUS, OH 43229

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

DON MINCEY

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

REC'D
TALLAHASSEE
FLORIDA

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