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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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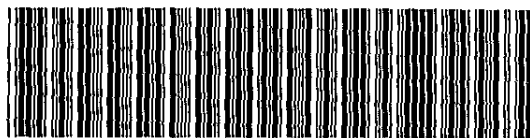
(Business Entity Name)

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TALLAHASSEE, FLORIDA

Sp

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kidney Institute of Clearwater, 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:

Joni M. Harder
(Name of Person)

Godfrey & Kahn, S.C.
(Firm/Company)

780 North Water Street
(Address)

Milwaukee, WI 53202
(City/State and Zip Code)

For further information concerning this matter, please call:

Joni M. Harder at (414) 287-9307
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA



780 NORTH WATER STREET
MILWAUKEE, WI 53202-3590
TEL 414-273-3500
FAX 414-273-5198
www.gklaw.com

GODFREY & KAHN, S.C.
MILWAUKEE
APPLETON
GREEN BAY
WAUKESHA

LAFOLLETTE GODFREY & KAHN
MADISON

May 20, 2005

VIA FEDERAL EXPRESS

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: Kidney Institute of Clearwater, LLC

Dear Sir or Madam:

Enclosed for filing are Articles of Organization of Kidney Institute of Clearwater, LLC. Also enclosed is a check in the amount of \$155.00 to cover the fees for the certified copy and the filing fee. Once the Articles of Organization have been filed, please forward the certified copy to my attention in the enclosed Federal Express envelope.

If you have any questions, or require anything further, please contact me toll free at 877-455-2900.

Very truly yours,

GODFREY & KAHN, S.C.

Joni M. Harder
Paralegal

JH:pjr
Enclosure
cc: Charles G. Vogel (w/o encl.)

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kidney Institute of Clearwater, LLC

ARTICLE II - Address:

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

Principal Office Address:

617 Lakeview Road
Clearwater, FL 33756-3338

Mailing Address:

617 Lakeview Road
Clearwater, FL 33756-3338

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

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

Janet R. Dees

Name

1964 Bayshore Boulevard Unit C

Florida street address (P.O. Box **NOT** acceptable)

Dunedin, Florida 34698

City, State, and Zip

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.

Janet R. Dees

Janet R. Dees
Registered Agent's Signature

(CONTINUED)

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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

The Kidney Group, LLC

19275 Alta Vista Circle

Brookfield, WI 53045

MGRM

Lawrence Dewberry, M.D.

1964 Bayshore Boulevard

Dunedin, FL 34698

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

THE KIDNEY GROUP, LLC

By: 

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.)

Dana A. Campbell, M.D., Member

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)

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TALLAHASSEE, FLORIDA