

LOS000054438

Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS

To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

physicians' law center, llc

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

LOS-54438
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PHYSICIANS' LAW CENTER, LLC

ARTICLE II - Address:

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

Principal Office Address:

2385 NW EXECUTIVE CENTER DRIVE
4TH FLOOR - SUITE 4001
BOCA RATON, FLORIDA 33431

Mailing Address:

<SAME>

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

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

MICHAEL R. PRESLEY, ESQ.

Name

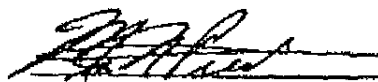
2385 NW EXECUTIVE CENTER DRIVE - SUITE 4001

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

BOCA RATON FL 33431

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.



Registered Agent's Signature

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STATE OF
FLORIDA

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Page 1 of 2

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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:**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

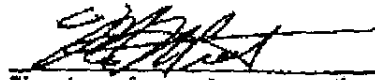
MGR

MICHAEL R. PRESLEY, ESQ. - BAR #305502

2385 NW EXECUTIVE CENTER DRIVE - 4001

BOCA RATON, FLORIDA 33431

(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.)

MICHAEL R. PRESLEY, ESQ.

Typed or printed name of signer

Authorized Representative of Member

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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