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SECT OF STATE STATE

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cypress Ridge Professional Associates, 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:
Linda Rosequist, Emm (Name of Person)
(Firm/Company)
1942 HIGHLAND OAKS BIVD (Address) Lotz Fl 33559 (City/State and Zip Code)
City/State and Zip Code)
For further information concerning this matter, please call:
Linda Rosequist at (813) 948-3838 (Name of Brson) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Status} \ \ \text{Certificate of Status} \ \ \text{Certified Copy} \ \ \text{(additional copy is enclosed)} \ \ \text{S160.00 Filing Fee, } \ \text{Certified Copy} \ \ \text{(additional copy is enclosed)} \ \ \text{Certified Copy} \ \ \text{(additional copy is enclosed)} \ \ \text{Certified Copy} \ \ \text{(additional copy is enclosed)} \ \ \text{Certified Copy} \ \ \text{(additional copy is enclosed)} \ \ \text{Certified Copy} \ \ \text{(additional copy is enclosed)} \ \ \text{Certified Copy} \ \ \text{(additional copy is enclosed)} \ \ \text{Certified Copy} \ \ \text{(additional copy is enclosed)} \ \ \text{Certified Copy} \ \ \text{(additional copy is enclosed)} \ \ \text{Certified Copy} \ \ \text{(additional copy is enclosed)} \ \ \text{Certified Copy} \ \ \text{(additional copy is enclosed)} \ \ \text{Certified Copy} \ \ \text{(additional copy is enclosed)} \ \ \text{Certified Copy} \ \ \text{(additional copy is enclosed)} \ \ \text{(additional copy is enclosed)} \ \ \ \text{(additional copy is enclosed)} \ \ \ \text{(additional copy is enclosed)} \ \ \ \text{(additional copy is enclosed)} \ \ (additional copy is enc
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Tallahassee, Florida 32399



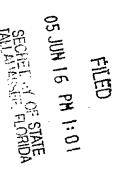
FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 12, 2005

LINDA C ROSEQUIST 1942 HIGHLAND OAKS BLVD LUTZ, FL 33559

SUBJECT: CYPRESS RIDGE PROFESSIONAL ASSOCIATES LLC

Ref. Number: W05000024072



We have received your document for CYPRESS RIDGE PROFESSIONAL ASSOCIATES LLC and your check(s) totaling \$33.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$96.25.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 905A00034239

June 13, 2005

Marsha Thomas Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314



Dear Ms Thomas,

As per our phone conversation today I am enclosing the new forms completed and the check for \$96.25 for the filing fee and a Certificate of Status. Please feel free to call me if there is anything further you need of me.

Sincerely,

Linda Rosequist, CMM

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kidge Professional Associates, LIC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

HIGHLAND OAKS BIND

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

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

INDA KOSEQUIT, CMM

1942 HIGHERD OALS BIVD. Florida street address (P.O. Box NOT acceptable)

33559

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..

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	LINDA ROSEQUIST CMM 1942 HIGHLAND DAKS BIND Lutz FI 33559
marm	Robert B. Rosequist M.D. 1942 Highland Caks BIVD Lutz Fl 33559
maem -	Stanley WATKINS M.D. 1942 Highland Oaks Blub Lutz Fl 33559
MCRM	Stephen Levin, DAM 18101 Highwoods Preserve 5576 320 TAMPA, FI 33647
(Use attachment if necessary)	Christine WATKING TO FEBRERS 1942 Highland Oaks BIND TO FEBRERS AND THE PERSON Added if an effective date is requested.
NOTE: An additional article must be	naded if an effective date is requested.
REQUIRED SIGNATURE:	STATE ORIDA

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.)

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)