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2005 JUN 11 P 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

2005 JUN 17 P 12:27

SUBJECT: Park Avenue Heart and Vascular Center, L.L.C. SECRETARY OF STATE
(Name of Limited Liability Company) TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Laurie Teppert

(Name of Person)

St. Vincent's Health System, Inc.

(Firm/Company)

1801 Barrs Street, Suite 615

(Address)

Jacksonville, FL 32204

(City/State and Zip Code)

For further information concerning this matter, please call:

David Meyer

(Name of Person)

904

308-4019

(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 type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" 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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Park Avenue Heart and Vascular Center, L.L.C.

ARTICLE II - Address:

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

Principal Office Address: Mailing Address:

<u>2300 Park Avenue</u>	<u>1801 Barrs Street</u>
<u>Suite 101-C</u>	<u>Suite 615</u>
<u>Orange Park, FL 32073</u>	<u>Jacksonville, FL 32204</u>

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

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

Laurie Teppert

Name

1801 Barrs Street, Suite 615

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

Jacksonville FL 32204

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..

Laurie Teppert
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:

Name and Address:

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"MGR" = Manager

"MGRM" = Managing Member

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mgr

Margaret Mortensen

1800 Barrs Street

Jacksonville, FL 32204

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mgr

Karen Darnell

1800 Barrs Street

Jacksonville, FL 32204

mgr

Warren Chandler

1801 Barrs Street, #615

Jacksonville, FL 32204

mgr

David Meyer

1801 Barrs Street, Suite 615

Jacksonville, FL 32204

(Use attachment if necessary)

mgr

Carlos Leon, M.D.

1801 Barrs Street, Suite 500

Jacksonville, FL 32204

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

REQUIRED SIGNATURE:

John Manar

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.)

John Manar

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)