

L 05000068277

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000166248 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

RECEIVED
05 JUL 11 AM 8:14
DIVISION OF CORPORATIONS

FILED
05 JUL 11 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

barry m. schults, md, llc

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

07/12/01

30

③

H0500001060348

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Barry M. Schultz, MD, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

6659 Boynton Beach Boulevard
Boynton Beach, FL 33437

Same

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

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

Physicians' Law Center

Name

3452 W. Boynton Beach Blvd., Suite 5

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

Boynton Beach

FL 33438

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.

Rubena M. Collier, Authorized Agent for Physicians' Law Center, LLC
Registered Agent's Signature

(CONTINUED)

Page 1 of 2

H0500001060348

FILED
05 JUL 11 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H050001106248

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

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

Title:

"MGR" = Manager

"MORM" = Managing Member

Name and Address:MGRBarry M. Schultz, M.D.6859 Boynton Beach Blvd.Boynton Beach, FL 33437

(Use attachment if necessary)

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

REQUIRED SIGNATURE:X Barry M. Schultz

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.)

Barry M. Schultz, General Partner of Member

Typed or printed name of signer

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)

page 2 of 2

H050001106248

FILED
05 JUL 11 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA