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

**From:**  
**Account Name : GASSMAN & ASSOCIATES, P.A.**  
**Account Number : 075350000514**  
**Phone : (727) 442-1200**  
**Fax Number : (727) 443-5829**

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DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY**

**ZEPHYRHILLS MEDICAL ARTS, L.L.C.**

Certificate of Status	0
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Page Count	01
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **ZEPHYRHILLS MEDICAL ARTS, L.L.C.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

12126 Cobblestone Drive  
Hudson, FL 34667

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

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

Alan S. Gassman

Name


1245 Court Street, Suite 102

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

Clearwater, FL 33756

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

(An additional article must be added if an effective date is requested)

**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.)



ALAN S. GASSMAN