

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.

((H05000215651 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 : KANETSKY, MOORE & DEBOER, P.A.
Account Number : 075350000267
Phone : (941)485-1571
Fax Number : (941)484-7226

RECEIVED
05 SEP 12 PM 5:22
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

PRIMARY URGENT CARE, P.L.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED
05 SEP -9 AM 7:51
TALLAHASSEE, FLORIDA

Electronic Filing Manual

Corporate Filing

Public Access Help

Please Back date



SEP. 12. 2005 2:38PM

KANETSKYMOOREDEBOER

PAGE 001/001

Florida NO. 8200t op. 2tate



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 12, 2005

KANETSKY, MOORE & DEBOER, P.A.

SUBJECT: PRIMARY URGENT CARE, P.L.
REF: W05000042259

RECEIVED
05 SEP -9 AM 7:54
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

In order to file as a "P.L.," your Articles must include a statement of the specific professional nature of the business.

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) 245-6958.

Lee Rivers
Document Specialist

FAX Aud. #: H05000215651
Letter Number: 905A00056276

RECEIVED
05 SEP 12 PM 5:22
DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION
FOR
FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Professional Limited Liability Company is:

PRIMARY URGENT CARE, P.L.

ARTICLE II - Address

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


1325 Sorrento Woods Blvd.
Nokomis, FL 34275

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

The name and street address of the registered agent are:

Keith B. Johnson, M.D.
1325 Sorrento Woods Blvd.
Nokomis, FL 34275

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED PROFESSIONAL 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.


Keith B. Johnson, M.D.

This instrument prepared by:
Erik R. Lieberman, Esq.
P. O. Box 1767
Venice, FL 34284-1767
941-485-1571
FL Bar #393053

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

Title:

"MGR" = Manager

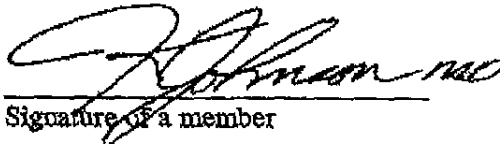
"MGRM" = Managing Member

MGR

Name and Address:

Keith B. Johnson, M.D.
1325 Sorrento Woods Blvd.
Nokomis, FL 34275

REQUIRED SIGNATURE:



Signature of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Keith B. Johnson, M.D.

Typed or Printed Name of Signee

ARTICLE V - Professional Nature:

To engage in every aspect in the practice of medicine by medical doctors.

This instrument prepared by:
Erk R. Lieberman, Esq.
P. O. Box 1767
Venice, FL 34284-1767
941-485-1571
FL Bar #393053

05 SEP -9 AM 7:54
TALLAHASSEE, FLORIDA