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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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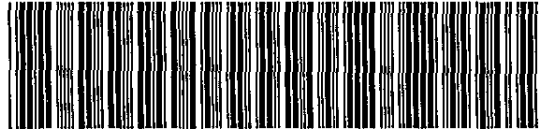
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2005 SEP 22 PM 12:51  
TALLAHASSEE, FLORIDA

9/29/05

LAW OFFICES  
**DAVID M. PRESNICK, P.A.**

Reply To:

David M. Presnick

Of Counsel:

Bradly Roger Bettin, Sr., P.A.

E-Mail: [dpresnick@bellsouth.net](mailto:dpresnick@bellsouth.net)

Mariner Square  
96 Willard Street, Suite 202  
Cocoa, Florida 32922  
Telephone (321) 639-1320  
Fax (321) 639-8111

September 19, 2005

Registration Section  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

FILED  
2005 SEP 22 PM 12:51  
TALLAHASSEE FLORIDA

Re: **SUNTREE PHYSICIAN ASSOCIATES, L.L.C.**

Dear Sir or Madam:

Enclosed is the original and one (1) copy of the Articles of Organization for the above proposed Florida limited liability company, along with our check in the amount of \$155.00, for payment of the following:

Filing Fee:	\$100.00
Registered Agent Fee:	\$ 25.00
Certified Copy Fee:	\$ 30.00

Please file the enclosed Articles and return a certified copy to us. Thank you for your assistance in this matter.

Sincerely,



David M. Presnick

Enclosures

**ARTICLES OF ORGANIZATION**  
**OF**  
**SUNTREE PHYSICIAN ASSOCIATES, LLC**

**FILED**  
2005 SEP 22 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I**  
**Name**

The name of this limited liability company ("Limited Liability Company") is: **SUNTREE PHYSICIAN ASSOCIATES, LLC.**

**ARTICLE II**  
**Address**

The mailing address and street address of the principal office of the Limited Liability Company is: 901 Jordan Blass Drive, Suite 103, Melbourne, Florida 32940.

**ARTICLE III**  
**Duration**

The Limited Liability Company shall exist for a perpetual duration.

**ARTICLE IV**  
**Management**

The Limited Liability Company is to be managed by managers, and the names and addresses of the initial managers who are to serve as managers pursuant to the Regulations of the Limited Liability Company ("Managers") until their successors are elected are:

**DAVID M. SMITH**  
901 Jordan Blass Drive  
Suite 103  
Melbourne, Florida 32940

**CARLOS MARTINEZ-SOLIS**

901 Jordan Blass Drive  
Suite 103  
Melbourne, Florida 32940

The initial managers and all subsequent managers shall serve, be removed, and elected pursuant to the Regulations of the Limited Liability Company.

**ARTICLE V**

**Admission of Additional Members**

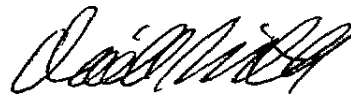
Additional members will be admitted only upon the consent of the Members owning a majority of the Membership Units upon such terms as provided in the Regulations.

**ARTICLE VI**

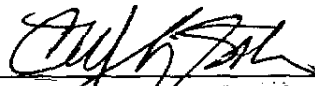
**Members' Rights to Continue Business**

The remaining members of the Limited Liability Company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

**IN WITNESS WHEREOF**, we have signed these Articles of Organization and acknowledged them to be our act this 10<sup>th</sup> day of September, 2005.



DAVID M. SMITH, Member



CARLOS MARTINEZ-SOLIS, Member

STATE OF FLORIDA  
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of September, 2005, by  
**DAVID M. SMITH**, who ☒ is personally known to me or ☐ has produced  
\_\_\_\_\_ as identification.



Julie Shelton MacDonald  
My Commission DD342382  
Expires July 29, 2008

Julie Shelton MacDonald  
NOTARY PUBLIC

STATE OF FLORIDA  
COUNTY OF BREVARD

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of September, 2005, by  
**CARLOS MARTINEZ-SOLIS**, who ☒ is personally known to me or ☐ has produced  
\_\_\_\_\_ as identification.



Julie Shelton MacDonald  
My Commission DD342382  
Expires July 29, 2008

Julie Shelton MacDonald  
NOTARY PUBLIC

**CERTIFICATE OF DESIGNATION**  
**OF**  
**REGISTERED AGENT/REGISTERED OFFICE**

**FILED**  
2005 SEP 22 PM 12:51  
CLERK OF STATE  
TALLAHASSEE FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **SUNTREE PHYSICIAN ASSOCIATES, LLC,**
2. The name and the Florida street address of the registered agent are:

**DAVID M. SMITH**  
901 Jordan Blass Drive  
Melbourne, Florida 32940

*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.*

  
\_\_\_\_\_  
**DAVID M. SMITH**