

LOS000107789

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

M. Thomas NOV - 7 2005

LIMITED LIABILITY COMPANY

MEDICAL LANE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Corporate Filing

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

MEDICAL LANE LLC**ARTICLE II - Address:**

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

**Principal Office Address:**1620 MEDICAL LANE  
FORT MYERS, FL 33907**Mailing Address:**160 HARBOR LANE  
MASSAPEQUA PARK, NY 11762**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature.**

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

MARIO SONZONE

Name

6001 TROPHY DRIVE, UNIT 1003Florida street address (P.O. Box NOT acceptable)NAPLES, FL 34110FL

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**BlumbergExcelsior****(CONTINUED)**

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

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

**Title:****"MGR" = Manager****"MGRM" = Managing Member****Name and Address:****MGRM****MARIO SONZONE****180 HARBOR LANE****MASSAPEQUA PARK, NY 11762****STEPHEN BORRELLI****79 NORTH WOODBINE DRIVE****HICKSVILLE, NY 11801**

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.****REQUIRED SIGNATURE:**  
Signature of a member or an authorized representative of a member.

(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**MARIO SONZONE, Member-Manager**

Typed or printed name of signer

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**  
**\$ 36.00 Certified Copy (Optional)**  
**\$ 5.00 Certificate of Status (Optional)**

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Justin T. Reed  
BlumbergExcelsior Corporate Services, Inc.  
62 White Street  
New York, NY 10013

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TALLAHASSEE, FLORIDA

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