

L05000110408

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11/15/05

10/24/05 01039/026 70.00
~~1005-48814~~

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11/15/05--01076--001 **55.00

SECTION 101
TALLAHASSEE, FLORIDA

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ACCEPTED
AND
FILED

October 18, 2005

Return Receipt Requested

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Attn: New Filings Department

Re: Articles of Organization for Coast Swann, P.L.

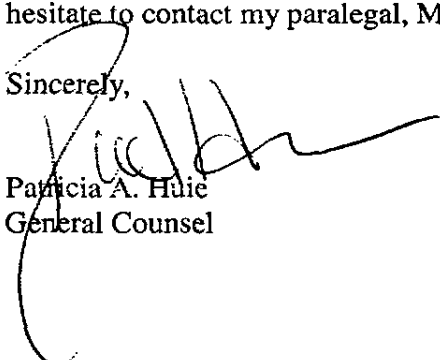
To Whom It May Concern:

Enclosed please find the following for filing:

1. Coast Florida's check number 056549 in the amount of \$70.00
2. Articles of Organization for Coast Swann, P.L.

If you have any questions or need any additional information, please do not hesitate to contact my paralegal, Michelle Hiers, CLA at 813-288-6212.

Sincerely,


Patricia A. Huie
General Counsel





FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 26, 2005

PATRICIA A. HUIE
2502 N. ROCKY POINT DRIVE
STE. 1000
TAMPA, FL 33607

SUBJECT: COAST SWANN, P.L.
Ref. Number: W05000048814

We have received your document for COAST SWANN, P.L. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$55.00.

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) 245-6853.

Leslie Sellers
Document Specialist

Letter Number: 905A00064931

**ARTICLES OF ORGANIZATION FOR
COAST SWANN, P.L.**

**ARTICLE I
Name**

The name of the professional limited liability company is:

COAST SWANN, P.L.

**ARTICLE II
Address**

The mailing address and street address of the principal office of the professional limited liability company is 2605 W. Swann Ave., Suite 200, Tampa, FL 33609.

**ARTICLE III
Duration**

The period of duration for the professional limited liability company is perpetual.

**ARTICLE IV
Management and Nature of Business**

The professional limited liability company is to be managed by the members and the name and address of the managing members is Coast Florida, P.A., 2502 Rocky Point Drive, Suite 1000, Tampa, Florida 33607. Its nature of business is the practice of dentistry.

**ARTICLE V
Admission of Additional Members and Qualifications of Members**

No person may be admitted as a member unless each member consents in writing to the admission of the additional member. None of the membership units of the professional limited liability company may be issued to anyone other than an individual who is duly licensed to practice dentistry in the State of Florida.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPROVED
AND
FILED

ARTICLE VI
Registered Agent and Registered Address

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

Patricia Huie, Esq.
2502 Rocky Point Drive
Suite 1000
Tampa, Florida 33607

ARTICLE VII
Indemnification

The professional limited liability company shall, to the full extent permitted by Section 608.4363 of the Florida Statutes, as amended from time to time, indemnify all persons whom it may indemnify pursuant thereto. The indemnification provided by this Article VII shall not limit or exclude any rights, indemnities or limitations of liabilities to which any person may be entitled, whether as a matter of law, under the regulations of the professional limited liability company, by agreement or otherwise.

BY THE MEMBER:

COAST FLORIDA, P.A.

By: 
Adam Diasti, President

(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.)

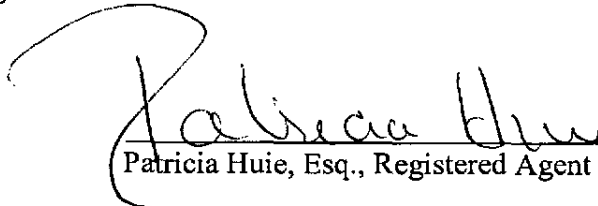
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.57, FLORIDA STATUTES, THE UNDERSIGNED PROFESSIONAL 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 professional limited liability company is COAST SWANN, P.L
2. The name and the Florida street address of the registered agent are:

Patricia Huie, Esq.
2502 Rocky Point Drive
Suite 1000
Tampa, Florida 33607

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.



Patricia Huie, Esq., Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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