

# L05000110930

Division of Corporations

Page 1 of 1

**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.**

(((H05000261907 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  
**FROM:** Division of Corporations  
**Doc Number:** 1 (850) 205-0383  
**Account Name:** BARRON, REDDING, HUGHES, TITE, BASSETT & FENSON, P.A.  
**Account Number:** 073617000710  
**Phone:** (850) 785-7454  
**Fax Number:** (850) 785-2999

**LIMITED LIABILITY COMPANY**  
**THERAPY PROPERTIES, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 1        |
| Page Count            | 04-55    |
| Estimated Charge      | \$160.00 |

Name  
 Availability **Electronic Filing Menu**

**Corporate Filing**

**Public Access Help**

|                   |     |
|-------------------|-----|
| Document Examiner | DOC |
| Update            | DOC |
| Dispute           | C   |
| Refund            | DOC |

<https://efile.sunbiz.org/scripts/efilecovr.exe>  
 W. P. V. 1/10/05

11/10/05

Fax Audit No. H050002619073

**ARTICLES OF ORGANIZATION  
OF  
THERAPY PROPERTIES, LLC**

Pursuant to the provisions of Chapter 608, Florida Statutes, 2001, the undersigned hereby adopts the following Limited Liability Company Articles of Organization:

**ARTICLE I - NAME**

The name of this Limited Liability Company is Therapy Properties, L.L.C.

**ARTICLE II - DURATION**

The Company shall exist perpetually.

**ARTICLE III - MAILING ADDRESS AND STREET ADDRESS**

The mailing address and the street address of the principal office of the Company is 211 S. Cove Terrace Drive, Panama City, Florida, 32401.

**ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS**

The name and street address of the initial registered agent of the Company are Jesus M. Ramirez, M.D., 211 S. Cove Terrace Drive, Panama City, Florida, 32401.

**THIS INSTRUMENT PREPARED BY:**

Steven M. LaSohn, Esq.  
Fla. Bar No. 0769061  
Barron, Redding, Hughes, Fite,  
Penson, Sanborn & Kiehn, P.A.  
220 McKenzie Avenue  
P.O. Box 2467  
Panama City, FL 32402  
(850) 785-7454

Fax Audit No. H050002619073

**ARTICLE V - MEMBERSHIP**

The Members may permit the admission of Additional Members, upon the unanimous consent of all Members of the Company.

**ARTICLE VI - CONTINUATION OF BUSINESS**

In the event of the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member, or the occurrence of any other event which would otherwise terminate the continued membership of a Member in the Company, the remaining Members of the Company may continue the business of the Company.

**ARTICLE VII - MANAGEMENT**

The Company shall be managed by its Members. The names and addresses of the initial Members of the Company are as follows:

1. Jesus M. Ramirez, M.D.  
211 S. Cove Terrace Drive  
Panama City, Florida 32401
2. Larry T. Wong, D.O.  
2900 Tupelo Drive  
Panama City, Florida 32405

IN WITNESS WHEREOF, the undersigned member, constituting one of the initial Members of the Company, has executed these Articles of Organization on this 16th day of November, 2005.

  
\_\_\_\_\_  
Jesus M. Ramirez, M.D.

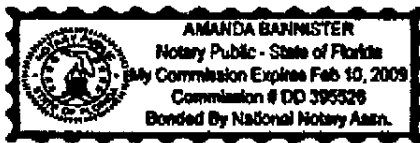
Fax Audit No. H05000261907 3

STATE OF FLORIDA  
COUNTY OF BAY

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of November, 2005, by Jesus M. Ramirez, M.D., who: (notary must check applicable box)

- ☒ is personally known to me.  
☐ produced a current Florida driver's license as identification.  
☐ produced \_\_\_\_\_ as identification.

(SEAL)

Amanda Bannister

(Print Name)

Notary Public

Commission # DD 395526My Commission Expires: FEB 10, 2009

Fax Audit No. H05000261907 3

**STATEMENT OF ACCEPTANCE AND  
DESIGNATION OF REGISTERED AGENT****OF****THERAPY PROPERTIES, LLC**State of Florida  
County of Bay

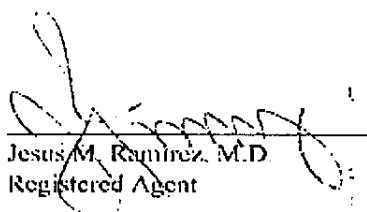
Pursuant to the provisions of Sections 608.415 and 608.407(1)(d) of the Florida Limited Liability Company Act, the limited liability company identified below submits the following statement in designating its registered office and registered agent in the State of Florida:

The name of the limited liability company is Therapy Properties, LLC.

The name of the registered agent for Therapy Properties, LLC, is Jesus M. Ramirez, M.D., and the street address of the agent is 211 S. Cove Terrace Drive, Panama City, Florida 32401.


This statement is to acknowledge that, as indicated above, Therapy Properties, LLC, has appointed me, Jesus M. Ramirez, M.D., as its registered agent to accept service of process for the company at the place designated above in this certificate. I accept this 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.

DATED this 16<sup>th</sup> day of November, 2005.

  
Jesus M. Ramirez, M.D.  
Registered Agent

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of November, 2005, by Jesus M. Ramirez, M.D., agent on behalf of Therapy Properties, LLC, a limited liability company. He is personally known to me or has produced (personally) as identification.

(seal)

  
Amanda Bannister  
Notary Public