

LO600000003DL

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

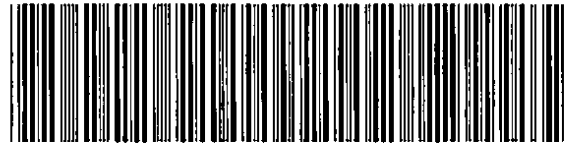
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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CC
GmtAuth

DEC 17 2021
1 ALBRITTON

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 12/16/2021

PRIORITY Regular Approval

OUR REF.# (Order ID#) 983183

ORDER ENTITY

INTERVENTIONAL PROCEDURE FACILITY, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

INTERVENTIONAL PROCEDURE FACILITY, LLC (FL)

File the attached statement of authority and provide a certified copy.

NOTES:

\$55.00 Authorized

Email address for annual report reminders: jfarrell@shutts.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written in a cursive style.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1)(b)(2), Florida Statutes, this limited liability company submits the following Statement of Authority:

FIRST: The name of the limited liability company is: INTERVENTIONAL PROCEDURE FACILITY, LLC (the "Company")

SECOND: The Florida Document Number of the Company is: L06000000306

THIRD: The street address of the Company's principal office is:

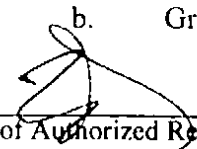
5800 Corporate Way
West Palm Beach, FL 33407

The mailing address of the Company's principal office is:

5800 Corporate Way
West Palm Beach, FL 33407

FOURTH: This Statement of Authority grants or sets limitations of authority on all persons having the status or position of a person in the Company, whether as a member, transferee, manager, officer or otherwise or to a specific person with respect to the following:

1. May execute an instrument transferring real property held in the name of the Company:
 - a. Granted to: LAWRENCE GORFINE, M.D. (Manager)
 - b. Granted to: MARY KATHLEEN ALLGELIER (Manager)
2. May enter into other transactions on behalf of, or otherwise act for or bind the Company:
 - a. Granted to: LAWRENCE GORFINE, M.D. (Manager)
 - b. Granted to: MARY KATHLEEN ALLGELIER (Manager)



Signature of Authorized Representative

LAWRENCE GORFINE, M.D.

Typed or Printed Name of Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)