

W6000025325

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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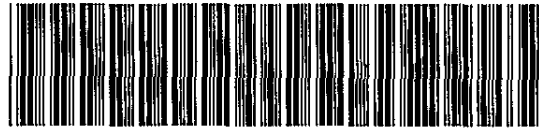
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Special Instructions to Filing Officer:

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FILED
06 MAR -9 PM 3:12
STATE
TALLAHASSEE FLORIDA

W60-7396

M. HODGES



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2006

DAISY DE GANUZA MD, PA, LLC
16554 DALE MABRY HWY, NORTH
TAMPA, FL 33618

SUBJECT: DAISY DE GANUZA, MD, PA, LLC
Ref. Number: W06000007396

We have received your document for DAISY DE GANUZA, MD, PA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to file a Limited Liability Company, the form submitted is for a Corporation. Also, the name cannot include the suffix "PA", as this is a corporate suffix.,

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 906A00010937

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAISY DE GANUZA, M.D., LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DR. DAISY DE GANUZA
(Name of Person)

DR. DAISY DE GANUZA, LLC
(Firm/Company)

16554 DALE MABRY HWY N
(Address)

TAMPA, FL. 33618
(City/State and Zip Code)

For further information concerning this matter, please call:

DAISY DE GANUZA at (813) 968-7188
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|---|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DAISY DE GANUZA, MD, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

16554 DALE MABRY HWY N.
TAMPA, FL. 33618

16554 N. DALE MABRY HWY
TAMPA, FL. 33618

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name LOURDES S. LOZANO

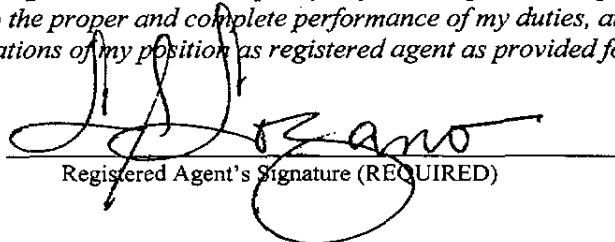
16554 DALE MABRY HWY N.

Florida street address (P.O. Box NOT acceptable)

TAMPA, FL FL 33618

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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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

PHYSICIAN
mgrm

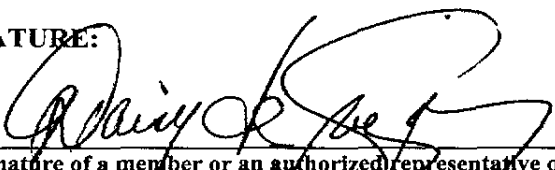
Name and Address:

DAISY DE GANUZA
16554 N. DALE MABRY HWY
TAMPA, FL 33618

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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.)

DAISY DE GANUZA

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)