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106-31666



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2006

JAMES RILEY, JR.
77 W. WACKER DRIVE, SUITE 4100
CHICAGO, IL 60601

SUBJECT: NEPHROLOGY ASSOCIATES RESEARCH CENTER, PLLC
Ref. Number: W06000013291

We have received your document for NEPHROLOGY ASSOCIATES RESEARCH CENTER, PLLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 706A00018821

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nephrology Associates Research Center, PLLC
(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:

James B. Riley, Jr., Esq.

(Name of Person)

McGuireWoods, LLP

(Firm/Company)

77 W. Wacker Drive, Ste. 4100

(Address)

Chicago, IL 60601

(City/State and Zip Code)

For further information concerning this matter, please call:

James B. Riley, Jr., Esq.

(Name of Person)

at (312) 750-8665

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
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(additional copy is enclosed)

☐ \$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:

Nephrology Associates Research Center, PLLC

(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:

510 North MacArthur Avenue
Panama City, FL 32401

Mailing Address:

510 North MacArthur Avenue
Panama City, FL 32401

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:

Richard F. Walker, Jr., M.D.

Name

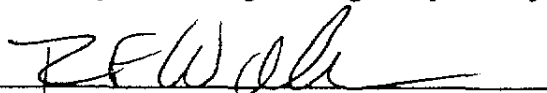
510 North MacArthur Avenue

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

Panama City FL 32401

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

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:

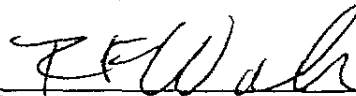
PLEASE SEE ATTACHED LIST

(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.)

Richard F Walker, Jr., M.D.

Typed or printed name of signer

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)

ATTACHMENT**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****NEPHROLOGY ASSOCIATES RESEACH CENTER, PLLC****ARTICLE IV – MANAGER(s) OR MANAGING MEMBER(s):**

TITLE: "MGR" = Manager "MGRM" = Managing Member	NAME AND ADDRESS
MGRM	Richard F. Walker, Jr., M.D. 510 MacArthur Avenue Panama City, FL 32401
MGRM	Scott E. Dean, M.D. 510 MacArthur Avenue Panama City, FL 32401
MGRM	A. Oussama Rifai, M.D. 510 MacArthur Avenue Panama City, FL 32401
MGRM	Patricia J. Anderson, M.D. 510 MacArthur Avenue Panama City, FL 32401
MGRM	Ronald A. Sinicrope, M.D. 510 MacArthur Avenue Panama City, FL 32401
MGRM	Todd E. Minga, M.D. 510 MacArthur Avenue Panama City, FL 32401

ARTICLE VI – PURPOSE

The purposes of the company are to engage in any lawful act for which limited liability companies may be organized under the Florida statutes and to engage in every phase and aspect of the business of rendering professional services to the public that a physician duly licensed under the laws of the State of Florida is authorized to render. However, such professional services shall be rendered only through the members, managers and agents of the company who are duly licensed under the laws of the State of Florida to practice medicine therein.