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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:

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From:

Account Name : POINTE DEVELOPMENT COMPANY
Account Number : I20050000030
Phone : (305) 865-1923
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

SOUTH LAKE MEDICAL ARTS CENTER, LLC

Certificate of Status	0
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MAR-24-06 FRI 01:35 PM 1111 KANE CONCOURSE, #401 FAX NO.
MAR-24-2008 FRI 11:41 AM FAX NO.

P. 02
P. 02/08

FAX AUDIT# H06000078877 3

ARTICLES OF ORGANIZATION

OF

SOUTH LAKE MEDICAL ARTS CENTER, LLC
A Florida Limited Liability Company

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. Name. The name of the limited liability company is: SOUTH LAKE MEDICAL ARTS CENTER, LLC (the "Company").
2. Mailing and Street Address of Principal Office. The mailing and street address for the Company is: 552 South Highway 27, Suite A, Minneola, Florida 34715.
3. Registered Agent. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: John Schmid, 552 South Highway 27, Suite A, Minneola, Florida 34715.
4. Management. The business of the limited liability company shall be managed by one or more managing members and is, therefore, a member-managed company.

The undersigned has executed these Articles of Organization on the 24th day of March, 2006.

By: 

John Schmid, Authorized Representative

FAX AUDIT# H06000078877 3

MAR-24-06 FRI 01:36 PM 1111 KANE CONCOURSE, #401

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P. 03
P. 03/06

FAX AUDIT# H06000078877 3

**CERTIFICATION OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **SOUTH LAKE MEDICAL ARTS CENTER, LLC.**

2. The name and address of the registered agent and office is:

John Schmid
552 South Highway 27, Suite A
Minneola, FL 33154

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 its 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.


John Schmid, Registered Agent

3-27-06
(Date)

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