

LO6000049253

2006 MAY -2 P 3: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

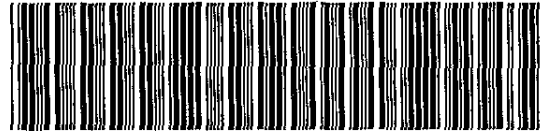
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BRIAN K. GILROY, P.A. FILED

ATTORNEY AT LAW • CPA
5308 B GULFPORT BOULEVARD
GULFPORT, FLORIDA 33707
(727) 327-9100
FAX: (727) 327-9103
E-MAIL: brian@gilroylaw.org

2006 MAY -2 P 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

April 25, 2006

Subject: St. Pete ENT, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

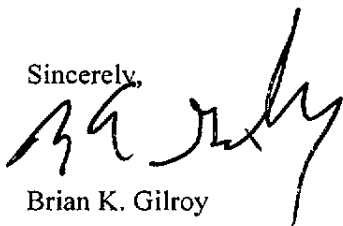
Brian K. Gilroy
Brian K. Gilroy, P.A.
5308 B Gulfport Blvd.
Gulfport, Florida 33707

For further information concerning this matter, please call:

Brian K. Gilroy at (727) 327-9100

Enclosed is a check for \$130.00 dollars for the Filing Fee & Certificate of Status

Sincerely,



Brian K. Gilroy

**Articles of Organization for
Florida Limited Liability Company**

FILED

2008 MAY -2 P 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article I

Name of Limited Liability Company is:

St. Pete ENT, LLC

Article II

The street address of the principal office of the Limited Liability Company:

2299 9th Ave. North
Suite 3-B
St. Petersburg, FL 33713

The mailing address of the principal office of the Limited Liability Company:

2299 9th Ave. North
Suite 3-B
St. Petersburg, FL 33713

Article III

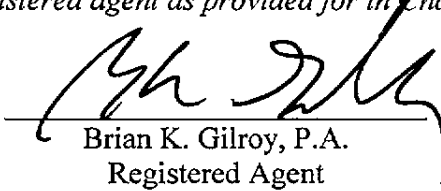
The name and Florida street address of the registered agent are:

Brian K. Gilroy, P.A.

5308 B Gulfport Blvd
Gulfport, FL 33707

• 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.

RECEIVED
P 3: 00
CLERK OF STATE
TALLAHASSEE, FLORIDA


Brian K. Gilroy, P.A.
Registered Agent
St. Pete ENT, LLC

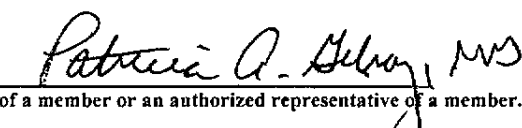
Article IV

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address</u>
MGRM	Patricia A. Gilroy, M.D. 2299 9 th Ave. North Suite 3-B St. Petersburg, FL 33713

Article V

Effective date of Limited Liability Company is May 1, 2006:


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.)

Member