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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

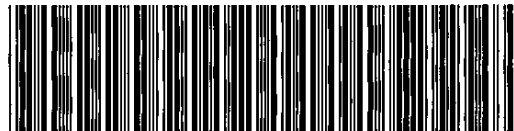
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Florida, Thyroid &
Endocrine Clinic, PC

Signature _____

Requested by: WR

Name

Date

Time

Walk-In

Will Pick Up

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

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2006 MAY 26 AM 11:01
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**ARTICLES OF ORGANIZATION
OF
FLORIDA THYROID & ENDOCRINE CLINIC, P.L.**

The undersigned, for the purpose of forming a professional limited liability company for the purpose of the practice of medicine pursuant to *Chapter 621, Florida Statutes*, who hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I – NAME

The name of this professional limited liability company (hereinafter referred to as the "Company") shall be:

FLORIDA THYROID & ENDOCRINE CLINIC, P.L.

ARTICLE II – ADDRESS

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

**2921 N. Orange Ave.
Orlando, FL 32804**

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent of the Company is:

**JAMES E. THOMISON
1800 Second St., STE 808
Sarasota, FL 34236**

Having been named as registered agent and to accept service of process for the above stated professional 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, Florida Statutes*, or *Chapter 621, Florida Statutes*.



JAMES E. THOMISON
Registered Agent

ARTICLE IV – PURPOSE

The purpose of this Company is to operate a thyroid and endocrine medical clinic.

ARTICLE V– MANAGEMENT

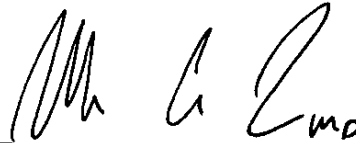
This Company is to be managed by one or more managers and is, therefore, a manager-managed company.

ARTICLE VI – EFFECTIVE DATE

The effective date of this Company shall be the date of the execution of these articles.

In accordance with §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.

Dated: May 22, 2006.

A handwritten signature in black ink, appearing to read 'M. A. Lupo' with a stylized 'MD' at the end.

MARK A. LUPO, M.D.
Managing Member