

LO6000062440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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EFFECTIVE DATE  
7/1/06

06 MAY 25 AM 9:54  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

~~WFO 24984~~

B. Tadlock JUN 20 2006

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Redi-Med of Bonita Springs, 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:

Mike Gonzales CPA

(Name of Person)

MAG CPA Group, P.C.

(Firm/Company)

2495 E. 750 N.

(Address)

Huntington, IN 46750

(City/State and Zip Code)

For further information concerning this matter, please call:

Mike Gonzales CPA

(Name of Person)

at ( 260 ) 672-1311

(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 & Certified Copy (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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 31, 2006

MIKE GONZALES CPA  
MAG CPA GROUP, P.C.  
2495 E 750 N.  
HUNTINGTON, IN 46750

SUBJECT: REDI-MED OF BONITA SPRINGS, LLC  
Ref. Number: W06000024984

We have received your document for REDI-MED OF BONITA SPRINGS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct 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) 245-6911.

Brenda Tadlock  
Senior Section Administrator

Letter Number: 806A00037830

MICHAEL A. GONZALES, CPA  
Certified Public Accountant

## MAG CPA Group, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

June 10, 2006

Brenda Tadlock  
Florida Department of State – Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

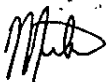
**RE: Redi-Med of Bonita Springs, LLC, Ref No. W06000024984**

Dear Brenda:

We are returning to you the Articles of Organization for a Florida LLC for Redi-Med of Bonita Springs, LLC. We have removed the Registered Agents title, per our phone conversation on Friday June 9, 2006.

Should you need any questions or need additional information, please feel free to contact my office at (260) 672-1311.

Sincerely,



Michael A. Gonzales CPA  
Director

Enclosures

2495 East 750 North  
Huntington, IN 46750  
(260) 672-1311

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Redi-Med of Bonita Springs, 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:**

9400 Bonita Beach Road, Ste. 101

Bonita Beach, FL 34135

**Mailing Address:**

4450 Executive Drive, Ste. 104

Naples, FL 34119

**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:

John M. Smyser

Name

4550 Executive Drive, Ste. 104

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

Naples,

FL 34119

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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DIVISION OF CORPORATIONS  
MAY 25 AM 9:56

**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:**

MGRM

John M. Smyser, PA-C

1651 Triangle Palm Terrace

Naples, FL 34119

MGRM

Shawn B. Miller, M.D.

27952 Hacienda Village Drive, Ste.1

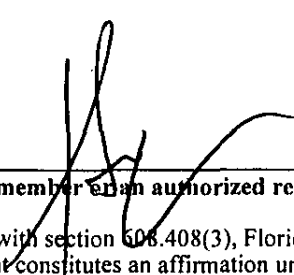
Bonita Springs, FL 34135

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: July 1, 2006. (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.)

John M. Smyser, PA-C

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)**