

# LD6000078576

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Fax Number : (850) 205-0383

From: Account Name : ANSBACHER & SCHNEIDER, PA  
Account Number : 072647001172  
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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

Merritt Care Psychiatry, P.L.

Certificate of Status	0
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**ARTICLES OF ORGANIZATION OF  
MERRITT CARE PSYCHIATRY, P.L.**

**ARTICLE I**

The name of this limited liability company shall be Merritt Care Psychiatry, P.L., a Florida professional limited liability company.

**ARTICLE II**

Merritt Care Psychiatry, P.L. shall have perpetual existence.

**ARTICLE III**

Merritt Care Psychiatry, P.L. is created to engage in every phase and aspect of the practice of medicine and to render professional medical services to any and all persons, firms and corporations and other entities and to the general public in the State of Florida and throughout the world, unless prohibited by law, and to engage in any other lawful act, business or activity for which a professional limited liability company may be formed under the laws of the State of Florida and to do any and all other things which are necessary, desirable or incidental to the foregoing purpose.

**ARTICLE IV**

The principal place of business of Merritt Care Psychiatry, P.L. shall be 6817 Southpoint Parkway, Suite 304, Jacksonville, Florida 32216 and the mailing address shall be P.O. Box 551260, Jacksonville, Florida 32255 and such other place or places as the Members from time to time may determine.

The initial registered agent of Merritt Care Psychiatry, P.L. shall be Ansbacher & Schneider, P.A. whose address is 5150 Belfort Road, Building 100, Jacksonville, Florida 32256.

**ARTICLE V**

Merritt Care Psychiatry, P.L. will be managed by Dr. T. Carey Merritt, its sole Member.

IN WITNESS WHEREOF, these Articles of Organization have been duly executed.

  
T. Carey Merritt, Managing Member

Michael N. Schneider  
Fl. Bar No. 166929  
P.O. Box 551260  
Jacksonville, FL 32255-1260  
(904) 296-0100

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

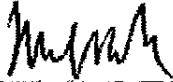
Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the organization is Merritt Care Psychiatry, P.L., a limited liability company.

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

Ansbacher & Schneider, P.A.  
5150 Belfort Road, Building 100  
Jacksonville, FL 32256

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.



Michael N. Schneider for  
Ansbacher & Schneider, P.A., Registered Agent

8/9/2006  
Date