L06000092138

Borden R. Hallowes (Requestor's Name)
157 Handton Point Dr.
Suk 3 (Address)
St. Augustine Fl. 3200 (City/State/Zip/Phone #)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

.06 SEP 19 AM 9: 57

FILED

ARTICLE I - Name:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The name of the Limited Liability Company is:

Children's Health Associates of Daytona Beach, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1360 Mason Avenue Daytona Beach, Florida 32114 1360 Mason Avenue Daytona Beach, Florida 32114

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Borden R. Hallowes, Esquire 157 Hampton Point Drive, Suite 3 St. Augustine, Florida 32092

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

(CONTINUED)
Page 1 of 2

<u>ARTICLE IV - Manager(s) or Managing Member(s):</u>

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

<u>Title</u> : "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	John M. Assi, M.D. 1360 Mason Avenue Daytona Beach, Florida 32114
ARTICLE V -	Effective date:
Date of Filing	AM 9: 57 I OF STATE SEE, FLORIDA
REQUIRED SIGNATURE:	
Signature of a member o	r an authorized representative of member.
	n 608.408(3), Florida Statutes, the execution of this firmation under the penalties of perjury that the facts