L06000092149

Borden R. Hallowes, Esq. (Requestor's Name) 157 Hampton Point Dr. (Address) Suite 3 (Address) St. Augustine, H. 32092 (Olty/State/Zip/Phone #)	800
PICK-UP WAIT MAIL	09/
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



800078981848

09/19/06--01008--018 **875.00

SECRETAINT OF FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED 06 SEP 19 AM 10: 11

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Children's Health Associates of Tallahassee, 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:

111 S. Magnolia Dr., Suites 10 & 11 Tallahassee, Florida 32301

111 S. Magnolia Dr, Suites 10 & 11 Tallahassee, Florida 32301

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

ARTICLE IV - Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager	Name and Address:		
"MGRM" = Manage			
MGR	John M. Assi, M.D. 111 S. Magnolia Dr., Suites 10 & 11 Tallahassee, Florida 32301	•	
	ARTICLE V - Effective date:	06 SEP	
Date of Filing	AKI UT STATE ASSEE, FLORIDA D SIGNATURE:	19 AMIO: I	FILED
REQUIRE	D 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 fact stated herein are true.)		
	Borden R. Hallowes, Attorney		