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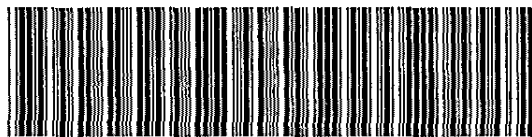
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J. BRYAN OCT - 9 2006

LAW OFFICES  
**FRANK J. GRECO, P.A.**  
A FLORIDA PROFESSIONAL ASSOCIATION  
4047 HENDERSON BOULEVARD  
TAMPA FLORIDA 33629  
TELEPHONE: (813) 287-0550  
FAX: (813) 289-5331  
Email: tpagreco1@aol.com

October 5, 2006

Secretary of State  
State of Florida Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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**Re: Florida Medical Liability Associates, L.L.C.**

Dear Sir or Madam:

Enclosed please find the articles of organization for the above referenced limited liability company, and certificate designating registered agent . Also enclosed is a check in the amount of \$160.00 to cover the fees, plus one certificate of good standing and certified copy.

In addition to the above, upon filing, please send me a copy of the articles of organization in the self addressed envelope enclosed.

Should you have any questions regarding the above, please contact me immediately.

Sincerely,

**FRANK J. GRECO, P.A.**

Frank J. Greco

FJG/jmb  
Enclosures

**ARTICLES OF ORGANIZATION  
OF  
Florida Medical Liability Associates, L.L.C.**

These Articles of Organization are made for the purpose of organizing a Florida Limited Liability Company under the Florida Limited Liability Company Act (Florida Statutes Chapter 60).

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1. Name. The name of this limited liability company is **Florida Medical Liability Associates, L.L.C.** ("Company")
2. Duration. The company shall exist from the date hereon until the occurrence of any of the events specified in Florida Statutes Section 608.441, unless contributed by the unanimous consent of all of the remaining members.
3. Mailing Address and street Address. The company's mailing address is 2810 West Isabel Street, Suite 201, Tampa, Florida 33607. The Company's street address is 2810 West Isabel Street, Suite 201, Tampa, Florida 33607.
4. Registered Agent and Office. The name of the initial registered agent of the Company is **Frank J. Greco**. The street address of the initial registered agent of the company is **4047 Henderson Blvd., Tampa, FL 33629**
5. Additional Members. Addition members to the Company may be admitted, but only if all the current members agree to this admission of the additional members and to the terms of admission.
6. Termination of Membership. If a member of the Company dies, retires, resigns. Is expelled, is dissolved, experiences bankruptcy, or upon the occurrence of any other event which terminates the continued membership of a member in the Company, the remaining members may, by unanimous consent, continue the business of the Company. In addition, any member who fails to make a required contribution shall be required to sell his/her interest to the other contribution members pursuant to the terms of the Regulations.
7. Management of the Company. The Company shall initially be managed by **Anthony F. Maniscalco** who shall serve as manager until the first annual meeting of the members or until their successors are elected and qualify:

Name/ Address

**Anthony F. Maniscalco**  
92722 Chestersall Drive  
Temple Terrace, Florida 33624

8. Regulations. The members shall have the power to adopt, alter, amend, or repeal regulations of the Company containing provisions for the regulation and management of the affairs of the Company.
9. Date of Existence of the Company. The existence of the Company shall commence on the date hereof.

The undersigned executed these Articles of Organization on October 4<sup>th</sup>, 2006.

Anthony F. Maniscalco  
Anthony F. Maniscalco, Member

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

The Foregoing instrument was acknowledged before me this 4<sup>th</sup> day of October, 2006, by **Anthony F. Maniscalco** who is personally known to me or who has produced \_\_\_\_\_ as identification.

Doreen A. McMahon  
Printed Name:  
Notary Public  
My commission Expires:  
Serial Number:




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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR  
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE,  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

First -- That **Florida Medical Liability Associates, L.L.C.**, desiring to organize under the laws of the State of Florida with its principal place of business in Hillsborough County, Florida, has named ***FRANK J. GRECO, located at 4047 Henderson Boulevard, Tampa, Florida 33629***, as its agent to accept service of process within this state.

  
**Anthony F. Maniscalco**  
**Florida Medical Liability Associates, L.L.C.**

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**ACKNOWLEDGMENT**

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby am familiar with the responsibilities under law as registered agent and accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

  
**FRANK J. GRECO**  
**Registered Agent**