

(Requestor's Name)

(Address)

**(Address)**

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

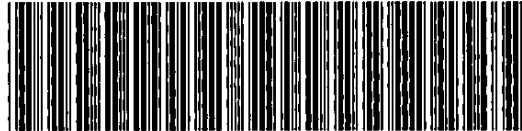
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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 Requester's Name  
 \_\_\_\_\_  
 Address  
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 City/State/Zip      Phone #

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Timothy Walker, M.D., P.L.  
 (Corporation Name)      (Document #)
2. \_\_\_\_\_  
 (Corporation Name)      (Document #)
3. \_\_\_\_\_  
 (Corporation Name)      (Document #)
4. \_\_\_\_\_  
 (Corporation Name)      (Document #)

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

ARTICLES OF ORGANIZATION  
OF  
TIMOTHY WALKER, M.D., P.L.

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TALLAHASSEE, FLORIDA

The undersigned, desiring to form a professional limited liability company pursuant to the Florida Professional Service Corporation and Limited Liability Company Act, Chapter 621, Florida Statutes does hereby adopt the following Articles of Organization:

ARTICLE I. NAME

The name of the professional limited liability company is TIMOTHY WALKER, M.D., P.L. (the "Company").

ARTICLE II. ADDRESS

The Company's mailing address and the street address of its principal office is 6 Bayshore Drive, Shalimar, Florida 32579.

ARTICLE III. REGISTERED AGENT AND OFFICE

The Company designates 6 Bayshore Drive, Shalimar, Florida 32579 as the street address of the initial registered office of the Company and names Timothy Walker, M.D. as the Company's initial registered agent at that address to accept service of process within this state.

ARTICLE IV. PURPOSE

The purpose for which the Company is being formed is to engage in every aspect of the practice of medicine and to engage in and render the professional services herein permitted and authorized only through its officers, agents, and employees, who are duly licensed or otherwise legally qualified and duly authorized to practice medicine within the State of Florida. The Company shall not engage in any business other than the rendering of the professional services for which it was organized, except that the Company may invest its funds in real estate, mortgages, stocks, bonds, and any other type of investments and may own real or personal property necessary for the rendering of professional services.

Executed this 14 day of November, 2006.


  
\_\_\_\_\_  
Timothy Walker, M.D.  
as its Authorized Representative

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:


1. The name of the limited liability company is TIMOTHY WALKER, M.D., P.L.
2. The name and address of the registered agent and office are:

Timothy Walker, M.D.  
6 Bayshore Drive  
Shalimar, Florida 32579

By:   
Timothy Walker, M.D.  
as its Authorized Representative

ACKNOWLEDGMENT:

Having been named to accept service of process for the professional limited liability company named above, at the place designated in this certificate, I accept the appointment as registered agent and agree to act in that 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.

  
Timothy Walker, M.D.  
Registered Agent  
Dated: November 17, 2006