

DEC 18, 2006 11:56AM

KANETSKYMOOREDEBOER

NO. 878 P. 1

TO CORPORATIONS

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Account Name : KANETSKY, MOORE & DEBOER, P.A.
Account Number : 075350000267
Phone : (941) 485-1571
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JSN

FLORIDA/FOREIGN LIMITED LIABILITY CO.

THOMAS C. SPOOR, M.D., P.L.

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KANETSKYMOOREDEBOER

NO. 7878 P. 2

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ARTICLES OF ORGANIZATION
FOR
FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Professional Limited Liability Company is:

THOMAS C. SPOOR, M.D., P.L.

ARTICLE II - Address

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

83 Osprey Point Drive
Osprey, FL 34229

ARTICLE III - Registered Agent, Registered Office, & Registered Agents's Signature:

The name and street address of the registered agent are:

Thomas C. Spoor, M.D.
83 Osprey Point Drive
Osprey, FL 34229

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED PROFESSIONAL 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.

X 
Thomas C. Spoor, M.D.

This instrument prepared by:
Erik R. Lieberman, Esq.
P. O. Box 1767
Venice, FL 34284-1767
941-485-1571
FL Bar #393053

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

Title:

"MGR"=Manager

"MGRM"=Managing Member

Name and Address:

MGR

Thomas C. Spoor, M.D.
83 Osprey Point Drive
Osprey, FL 34229

ARTICLE V - Professional Nature:

To engage in every aspect in the practice of medicine by medical doctors.

REQUIRED SIGNATURE:


Signature of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Thomas C. Spoor, M.D.

Typed or Printed Name of Signee

This instrument prepared by:
Erik R. Lieberman, Esq.
P. O. Box 1767
Venice, FL 34284-1767
941-485-1571
FL Bar #393053