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# MERRITT & MERRITT

ATTORNEYS AT LAW  
1800 SECOND STREET  
SUITE 780  
SARASOTA, FLORIDA 34236

TELEPHONE: 941.953.4140  
FACSIMILE: 941.953.3020

January 2, 2007

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: FORMATION: MAXWELL MEDICAL, P.L.L.C.

Dear Sir or Madam:

The enclosed Articles of Organization for the formation of Maxwell Medical, P.L.L.C., which is a professional limited liability company, and the fees required for filing. Please return all correspondence concerning this matter to the following:

Jack W. Merritt  
1800 2<sup>nd</sup> St., Ste. 780  
Sarasota, FL 34236  
941.953.4140

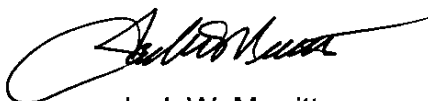
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Enclosed you will find check number made payable to the Florida Department of State for the following amount of \$130.00 to request the following:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$125 Filing Fee | <input checked="" type="checkbox"/> \$130 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy enclosed) |
|---|---|--|--|

Should you have any questions, do not hesitate to contact me at 941.953.4140.

Very truly yours,



Jack W. Merritt

Enclosure

**MAXWELL MEDICAL, P.L.L.C.**  
**ARTICLES OF ORGANIZATION FOR**  
**A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY**

**ARTICLE I. Name:**

The name of the Limited Liability Company is: MAXWELL MEDICAL, P.L.L.C.

**ARTICLE II. Address:**

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

**Principal Office Address:**

4020 U.S. Hwy 27 North  
Sebring, FL 33870

**Mailing Address:**

4020 U.S. Hwy 27 North  
Sebring, FL 33870

**ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature:**

Jack W. Merritt  
1800 2<sup>nd</sup> Street, Ste. 780  
Sarasota, FL 34236  
941.953.4140

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 F.S. Chapter 608.

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

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EFFECTIVE DATE  
1-2-07

**ARTICLE IV. Manager(s) or Managing Member(s):**

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

**Title:**

**Name and Address:**

"MGRM" = Managing Member

MGRM

Marvin Maxwell, M.D.  
4020 U.S. Hwy 27 North  
Sebring, FL 33870

ARTICLE V. The effective date (if other than the date of filing) is **January 2, 2007**

REQUIRED SIGNATURE:

  
\_\_\_\_\_  
Jack W. Merritt

Signature of a member or an authorized  
representative of a member.

the purpose of the limited liability company is  
to provide medical services.

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