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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

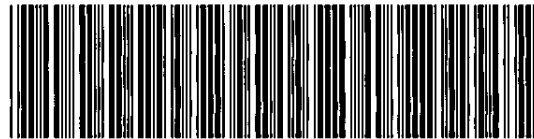
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AUSLEY & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

227 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560
Writer's Direct Line: (850) 425-5457

February 26, 2007

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Secretary of State
2661 Executive Center Circle West
Tallahassee, Florida 32301

VIA HAND DELIVERY

Re: **Southern Vitreoretinal Associates, P.L.**

Dear Madam/Sir:

Enclosed are an original and one copy of the Articles of Organization for **Southern Vitreoretinal Associates, P.L.**, a limited liability company. These Articles include Registered Agent and Registered Office designation for this company.

This firm's check in the amount of \$155.00 is enclosed, comprised of the \$100.00 filing fee, \$25.00 Designation of Registered Agent fee, and \$30.00 certified copy fee.

Please do not hesitate to call me at (850) 425-5457 if you have any questions. We will have our messenger return to pick up the certified copy and the certificate of filing.

Thank you in advance for your usual assistance in these matters.

Sincerely,



Donna Marie Walters
Paralegal

/dmw

Enclosures

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**ARTICLES OF ORGANIZATION
OF
SOUTHERN VITREORETINAL ASSOCIATES, P.L.**

The undersigned, pursuant to the provisions of Chapter 621, Florida Statutes, provides the following information for the purpose of forming a Professional Limited Liability Company under the laws of the State of Florida.

**ARTICLE 1.
Name**

The name of the Professional Limited Liability Company is **SOUTHERN VITREORETINAL ASSOCIATES, P.L.**

**ARTICLE 2.
Address**

The street and mailing address of the place of business in Florida is:

2439 Care Drive
Tallahassee, FL 32308-4580

**ARTICLE 3.
Purpose**

The purpose for which this Professional Limited Liability Company is formed is to engage in the practice of medicine.

**ARTICLE 4.
Registered Agent and Registered Office**

The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are:

Robert A. Pierce
227 South Calhoun Street
Tallahassee, FL 32301-1805

Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, I hereby accept the appointment as registered agent and agree to act in this capacity. I

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TALLAHASSEE, FLORIDA

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, Florida Statutes.



Robert A. Pierce, Registered Agent

ARTICLE 5. Management

The name and address of each Managing Member are as follows:

H. Logan Brooks, M.D., MGRM 2439 Care Drive
Tallahassee, Florida 32308-4580

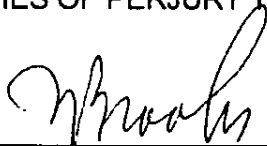
Robert L. Steinmetz, M.D., MGRM 2439 Care Drive
Tallahassee, Florida 32308-4580

Charles K. Newell, M.D., MGRM 2439 Care Drive
Tallahassee, Florida 32308-4580

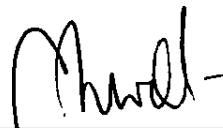
Christopher L. Willingham, M.D., MGRM 2577 Huntcliff Lane
Panama City, Florida 32405-4902

IN WITNESS WHEREOF, the undersigned have executed these Articles of Organization this 26th day of February, 2007.

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.



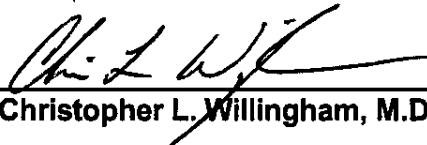
H. Logan Brooks, Jr., M.D., Member



Charles K. Newell, M.D., Member



Robert L. Steinmetz, M.D., Member



Christopher L. Willingham, M.D., Member