

LV70000025863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

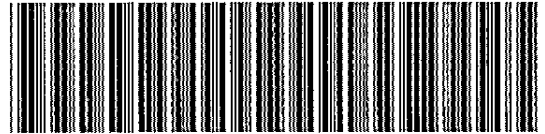
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer

Office Use Only



700089241967

03/08/07--01013--016 \*\*155.00

RECEIVED

07 MAR -8 AM 11:19

STATE  
RECORDS

FILED

07 MAR -8 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

FILED  
07 MAR -8 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1- NAPLES PULMONARY-CRITICAL CARE SPECIALISTS, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

### NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

### AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

### OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

### REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION OF  
NAPLES PULMONARY-CRITICAL CARE SPECIALISTS, LLC.  
a Florida Limited Liability Company**

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

**ARTICLE I  
Name of Company**

The name of the limited liability company (hereinafter referred to as the "Company") is: **Naples Pulmonary-Critical Care Specialists, LLC.**

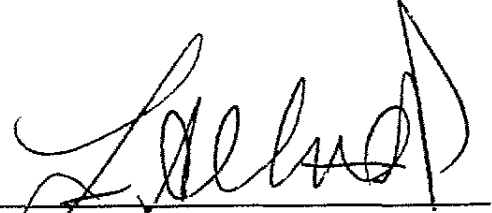
**ARTICLE II  
Address of Company**

The mailing address and street address of the principal office of the Company is: 2520 Day Lily Place, Naples, Florida 34105-1320

**ARTICLE III  
Registered Agent and Office**

The name of the Company's initial registered agent in Florida is: Lawrence H. Albert, M.D.; and the address of the Company's registered agent in Florida is: 2520 Day Lily Place, Naples, Florida 34105-1320.

Dated this 6 day of ~~Feb~~ March, 2007.

  
\_\_\_\_\_  
Lawrence H. Albert, M.D., Member

## ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent to accept service of process for the above-stated Company, at the place designated in these Articles of Organization, the undersigned hereby agrees to act as registered agent, and states that the undersigned is familiar with, and accepts, the obligations of registered agent as provided for under applicable Florida statutes.

Dated this 6 day of March 2007.

By: 

Lawrence H. Albert, M.D.  
Registered Agent