

L070000036645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

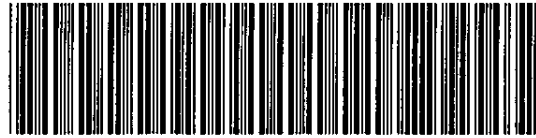
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/05/07--01038--029 **130.00

EFFECTIVE DATE
04/04/07

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 APR -5 PM 1:20

JB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WHOLE HEALTH MEDICAL LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

C. STEPHEN PATTI MD FACS

(Name of Person)

WHOLE HEALTH MEDICAL LLC

(Firm/Company)

5436 FRUITVILLE RD #121

(Address)

SARASOTA, FL 34232

(City/State and Zip Code)

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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For further information concerning this matter, please call:

STEPHEN PATTI MD

(Name of Person)

at (941)

954-0266

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WHOLE HEALTH MEDICAL LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

1931 S. TUTTLE AVE

SARASOTA, FL 34239

Mailing Address:

5436 FRUITVILLE RD

#121

SARASOTA, FL 34232

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

C. STEPHEN PATTI MD FACS

Name

5436 FRUITVILLE RD #122

Florida street address (P.O. Box **NOT** acceptable)

SARASOTA, FL 34232 FL

City, State, and Zip

EFFECTIVE DATE
04/04/07

Having been named as registered agent and to accept service of process for the above stated 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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

C. STEPHEN PATTI MD FACS

5436 FRUITVILLE RD #122

SARASOTA, FL 34232

MGR

HAROLD J LAWLER MD

1603 LANDFALL DR

NOKOMIS, FL 34275


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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 04/04/2007. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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

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

C STEPHEN PATTI MD FACS

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)