

L070000-36809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

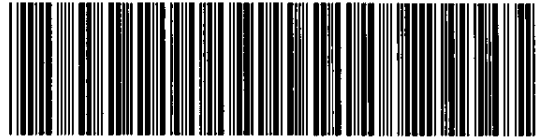
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

BM

Office Use Only



300092255063

04/09/07--01001--010 **125.00

FILED
RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
07 APR -6 AM 8:36 2007 APR -6 PM 4:52
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRACY SPEAR

DATE: 04/06/07

REF. #: 001641.66795

CORP. NAME: ELITE AMBULATORY SERVICES, LLC

FILED
07 APR - 6 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 520779 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
FOR ELITE AMBULATORY SERVICES, LLC**

ARTICLE I - NAME

The name of the limited liability company is Elite Ambulatory Services, LLC.

ARTICLE II - ADDRESS

The mailing office and street address of the principal office is 46 North Washington Boulevard, Suite 1, Sarasota, Florida, 34236

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND
REGISTERED AGENT'S SIGNATURE**

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

LPS CORPORATE SERVICES, INC.
46 North Washington Boulevard, Suite 1
Sarasota FL 4236

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.

LPS CORPORATE SERVICES, INC.,
a Florida corporation

By:  up

MICHAEL E. SIEGEL,
ITS VICE PRESIDENT

Dated: April 6th, 2007


MICHAEL E. SIEGEL, AUTHORIZED
REPRESENTATIVE OF A MEMBER

FILED
07 APR - 6 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA