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(Re	equestor's Name)
(Ad	ldress)	
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(Cit	ry/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	. MAIL
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(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: St	rategic Phy (Name of Limited	Asician Soliciani Solician	lutions, LL
The enclosed Articles of	Organization and fee(s) are su	abmitted for filing.	
Please return all correspondent	ondence concerning this matter	r to the following:	
	JEFFREY	E. WALKE Name of Person)	R
	Strategic F	Physician S Firm/Company)	olutions, UC
	4048 EVA	ANDER DR (Address)	OIVISIO OT A
	OKLANDO	f C 32 (State and Zip Code)	APR -2
	(City/	State and Zip Code)	
For further information of	concerning this matter, please	call:	OF STATIONS RPORATIONS PH 2: 29
JEFF (Name	of Person)	at (321) 356 (Area Code & Daytime To	-1099 elephone Number)
	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 3, 2007

JEFFREY E. WALKER STRATEGIC PHYSICIAN SOLUTIONS, LLC 4048 EVANDER DR ORLANDO, FL 32812

SUBJECT: STRATEGIC PHYSICIAN SOLUTIONS, LLC

Ref. Number: W07000016194

We have received your document for STRATEGIC PHYSICIAN SOLUTIONS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 2, 2007. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 907A00022513

Correction Made

the effectue bute. Think

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

DIVISION OF CORPORTATIONS
ON APR -2 PM 2: 29

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Strategic Physicia (Must end with the words: Limited Liability Company, "Limited	n Solutions LLC Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
310 East Pine St#150 Orlando, FC 32810	4048 EVANDER DR Orlando, FC 32812
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ed Agent. You must designate an individual or another
The name and the Florida street address of the report of t	3 59
HOUSEVAN Florida street addre ORLANDO City, State, an	ess (P.O. Box NOT acceptable) PL 32812 PL 32812
	ccept service of process for the above stated limited

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 (REQURED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Terry Uhran 1942 Palm View DR Apopka, FL 32712
MGRM	Jeffrey E. Walker 4048 Evander DR Oclando, FL 32812
(Use attachment if necessary)	Date of filing is the Effective date of filing: de date of filing: de specific and cannot be more than five business days p

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Signature of a member or an althorized 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.)

JEFFREY E. WALKER
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)