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Division of Corporations

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: ROGERS, TOWERS, BAILEY, ET AL

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

RETINA PC, LLC

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ARTICLES OF ORGANIZATION OF RETINA PC, LLC

These Articles of Organization are submitted for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, as the same may from time to time be amended (the "Act").

ARTICLE I- NAME

The name of this limited liability company (the "Company") is RETINA PC, LLC.

ARTICLE II - ADDRESS

The address of the principal office and mailing address of the Company is 2639 Oak Street, Jacksonville, Florida 32204.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 2639 Oak Street, Jacksonville, Florida 32204, and the name of its initial registered agent at such address is John P. Sullivan, M.D.

ARTICLE IV - MANAGEMENT OF THE COMPANY

The Company is to be managed by one or more managers and is, therefore, a managermanaged company.

ARTICLE V - LIMITED LIABILITY

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

John P. Sulfivan, M.D. - Member

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the below named limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the limited liability company is:

RETINA PC, LLC

2. The name and address of the registered agent and office are:

John P. Sullivan, M.D. 2639 Oak Street Jacksonville, Florida 32204

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.

Dated: April <u>f</u>, 2007

Signature of Registered Agent

John P. Sullivan M.D.

SECRETARY UF STATE

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