Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019

Phone : (305) 552-5973

Fax Number

: (305)220-1440

ORIDA/FOREIGN LIMITED LIABILITY CO.

HOLLYWOOD FAMILY PRACTICE LLC

Certificate of Status	0
Certified Copy	1
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5/4/2007

FROM : LAZARUS

11/28/2006 09:25

3059694490

FAX NO. :3052201440

GINA SARDUY

May. 04 2007 08:35AM 5AM P2 P**AGE** (

H 0 7000 123720

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ICLI	C I	*]		::
The n	ame	of	the	Lim	ii

nited Liability Company is:

MIAMI,

HOLLYWOOD FAMILY PRACTICE	LLC ompany, "Limited Company" or their abbreviation "LUC," or	<u>"I.C "</u>		
•	onipally, animal company to man contestation body of			
ARTICLE II - Address:				
The mailing address and street address	ess of the principal office of the Limited Liabil	ity Company is		
Principal Office Address:	Mailing Address:	Mailing Address:		
210 SOUTH PEDERAL HIGHWAY #300	210 SOUTH FEDERAL HIGHWAY #300	<u> </u>		
MOLLYWOOD FLORIDA 33020	HOLLYWOOD FLORIDA 33020	······································		
AMTICLE 111 - Registered Agent (The Limited Liability Company cannot serve business entity with an active Plotida registra.	, Registered Office, & Registered Agent's Signs its own Registered Agent. You must designate an individual tion.)	or another		
The name and the Florida street add	fress of the registered agent are:	HAY -		
GINA SARDUY		± FCC		
	Name	1		
12380 SW 193	STREET	œ 256		
Pi	orida street address (P.O. Box NOT acceptable)	9		
_		S		

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.

City, State, and Zip

33177

s Signature (REOUIRED)

(CONTINUED) Page 1 of 2

FROM : LAZARUS

11/20/2006 09:25

3059694490

FAX NO. :3052201440

GINA SARDUY

May. 04 2007 08:35AM P3 PAGE US

H 0 7000 123720

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGMR	DR WILLIAM OVERSTREET		
	210 SOUTH FEDERAL HIGHWAY #300		
	HOLLYWOOD FLORIDA \$3020		
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or 90 days after the date of filing.)		P	- 필유드
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REOURED SIGNATURE:		8: 09	TATE ATIONS
		3: 09	TATE ATIONS
REQUIRED SIGNATURE:	or an authorized representative of a member.	3: 09	TATE. ATIONS
REOURED SIGNATURE: Signature of a member (In accordance with asce of this document constituted the facts stated he	tion 608.408(3), Florida Statutes, the execution rutes an affirmation under the penalties of perjury spein are true.	3: 09	ATIONS
Signature of a member (In accordance with aser of this document constit that the facts stated he	tion 608.408(3), Florida Statutes, the execution	3: 09	ATIONS

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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