

MAY/11/2007/FRI 10:28 AM

FAX No.

P. 001/003

Division of Corporations

Page 1 of 1

**H070001299053**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H070001299053)))



H070001299053ABCD

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : POINTE DEVELOPMENT COMPNAV  
Account Number : I20050000030  
Phone : (305) 865-1923  
Fax Number : (305) 865-3434

*[Handwritten signature]*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 MAY 11 AM 8:36

FILED

RECEIVED

07 MAY 11 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**South Lake Medical Arts Center, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT# H07000129905 3

## ARTICLES OF ORGANIZATION

OF

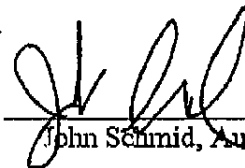
SOUTH LAKE MEDICAL ARTS CENTER, LLC  
A Florida Limited Liability Company

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **Name.** The name of the limited liability company is: SOUTH LAKE MEDICAL ARTS CENTER, LLC (the "Company").
2. **Mailing and Street Address of Principal Office.** The mailing and street address for the Company is: 1230 Oakley Seaver Drive, Clermont, FL 34711.
3. **Registered Agent.** The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Alan Sakowitz, 1111 Kane Concourse, Ste. 401F, Bay Harbor Islands, FL 33154.
4. **Management.** The business of the limited liability company shall be managed by one or more managing members and is, therefore, a member-managed company.

The undersigned has executed these Articles of Organization on the 11<sup>th</sup> day of May, 2007.

By:



John Schmid, Authorized Representative

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 MAY 11 AM 8:36

FILED

FAX AUDIT# H07000129905 3

FAX AUDIT# H07000129905 3

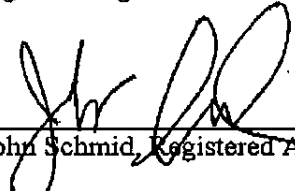
**CERTIFICATION OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: SOUTH LAKE MEDICAL ARTS CENTER, LLC.
2. The name and address of the registered agent and office is:

John Schmid  
1230 Oakley Seaver Drive  
Clermont, FL 34711

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 its 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.

  
\_\_\_\_\_  
John Schmid, Registered Agent

5/11/2007  
(Date)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 MAY 11 AM 8:36

FILED

FAX AUDIT# H07000129905 3