

L07000060371

(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:

Office Use Only



600102097446

06/06/07--01001--020 **155.00

FILED

07 JUN -5 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

07 JUN -5 PM 4:11

TO ACHIEVE
SUFFICIENCY OF FILING

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Medical Center Acquisitions, LLC

FILED
07 JUN - 5 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

___ Art of Inc. File ___
___ LTD Partnership File ___
___ Foreign Corp. File ___
___ L.C. File ___
___ Fictitious Name File ___
___ Trade/Service Mark ___
___ Merger File ___
___ Art. of Amend. File ___
___ RA Resignation ___
___ Dissolution / Withdrawal ___
___ Annual Report / Reinstatement ___
___ Cert. Copy ___
___ Photo Copy ___
___ Certificate of Good Standing ___
___ Certificate of Status ___
___ Certificate of Fictitious Name ___
___ Corp Record Search ___
___ Officer Search ___
___ Fictitious Search ___
___ Fictitious Owner Search ___
___ Vehicle Search ___
___ Driving Record ___
___ UCC 1 or 3 File ___
___ UCC 11 Search ___
___ UCC 11 Retrieval ___
___ Courier

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

Wc 6/5 3:45



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
07 JUN -5 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 6, 2007

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: MEDICAL CENTER ACQUISITIONS, LLC
Ref. Number: W07000026928

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE

We have received your document for MEDICAL CENTER ACQUISITIONS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It seems to us that there is some inconsistency in the stated addresses in this document. Possibly, all the addresses are supposed to be "201 N. Franklin Street, Suite 1825, Tampa, FL 33602".

But in the Article IV R.A. address we have the #1825 but just "One Tampa City Center", and in Article V, we have 201 N. Franklin, but "Suite 201."

Please correct as appropriate.

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) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 307A00038630

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2007 JUN -7 AM 9:49
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

**ARTICLES OF ORGANIZATION
FOR**

Medical Center Acquisitions, LLC

FILED
07 JUN -5 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **Medical Center Acquisitions, LLC**

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is **201 N. Franklin Street, Suite 1825, Tampa, FL 33602**

ARTICLE III: MANAGEMENT

The company will be a manager managed Limited Liability Company.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Dawn M. Russell, One Tampa City Center,
#1825, Tampa, Florida 33602**


ARTICLE V: MANAGING MEMBERS

The name and address of the initial Managing Member of the company is:

**Brent W. Yessin, Esquire, Managing Member, 201 N. Franklin Street, Suite ¹⁸²⁵~~201~~, Tampa, FL
33602**

The undersigned has executed these Articles of Organization this 5th day of June 2007.

"Your Capital Connection, Inc. by, Weimar Lopez, Client Representative"

A handwritten signature in black ink, appearing to read 'Weimar Lopez', is written over a horizontal line.

Authorized Representative

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the mentioned company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

1. The name of the company is: Medical Center Acquisitions, LLC

2. The name and address of the registered agent and office is: Dawn M. Russell
One Tampa City Center, #1825
Tampa, Florida 33607

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

DDR