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07/05/07--01020--016 \*\*130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 SEP 17 PM 4:30

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Physician Placement, L.L.C.**  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Cesar S. Seminario**

(Name of Person)

(Firm/Company)

**14036 Colonial Grand Blvd., Suite 810**

(Address)

**Orlando, FL 32837**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Cesar S. Seminario** at ( **407** ) **738-3731**  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 9, 2007

CESAR S. SEMINARIO  
14036 COLONIAL GRAND BLVD., STE. 810  
ORLANDO, FL 32837

SUBJECT: PHYSICIAN PLACEMENT OF FLORIDA, L.L.C.  
Ref. Number: W07000032328

We have received your document for PHYSICIAN PLACEMENT OF FLORIDA, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

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) 245-6967.

Leslie Sellers  
Document Specialist

Letter Number: 707A00043677

Cesar S. Seminario  
14036 Colonial Grand Blvd., Suite 810  
Orlando, Florida 32837  
407-738-3731

September 12, 2007

Florida Department of Corporations  
Division of Corporations  
**Ms. Leslie Sellers, Document Specialist**  
P.O. Box 6327  
Tallahassee, Florida 32314

**Subject:** Physician Placement of Florida, LLC (Please change to "Physician Placement, LLC")  
**Ref. Number:** W07000032328  
**Letter Number:** 707A00043677

Dear Ms. Sellers,

First of all, thank you for taking the time to speak with me yesterday and your attention to this matter.

Attached herewith is the "resubmission" of my Articles of Organization for a Florida Limited Liability Company for **Physician Placement, LLC**. (no longer Physician Placement of Florida, LLC)

My original application for this name was rejected because it was not distinguishable from an existing company "Physician Placement, Inc."

The reason I am resubmitting this application with the same name, is that I understand that this name (Physician Placement, Inc.) will be available on September 18, 2007 when the filing for Admin Dissolution for Annual Report on this company will take effect.

Your office told me that the check in the amount of \$130.00 would be applied towards this application.

Please call me if I have misunderstood or am missing something.

Thank you again very much for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Cesar Seminario', with a stylized, flowing script.

Cesar Seminario  
407-738-3731

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Effective Date** 9/18/07

Physician Placement, L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

14036 Colonial Grand Blvd., Suite 810  
Orlando, FL 32837

**Mailing Address:**

14036 Colonial Grand Blvd., Suite 810  
Orlando, FL 32837

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Cesar S. Seminario

Name

14036 Colonial Grand Blvd., Suite 810

Florida street address (P.O. Box **NOT** acceptable)

Orlando, FL 32837

City, State, and Zip

*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 (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Cesar Seminario

14036 Colonial Grand Blvd., Suite 810

Orlando, FL 32837

\_\_\_\_\_

\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: September 18, 2007. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized 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.)

Cesar Seminario

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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA