

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.

(((H07000249622 3)))



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)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)634-3694 Phone Fax Number : (305)633-9696

# LORIDA/FOREIGN LIMITED LIABILITY CO.

### health care medical llc

Certificate of Status	55 - 143 - 144 mar contentional and explosion of the Signature of the Sign
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ofl

PAGE 01/04

10/8/2007 2:54 PM 10/08/5007 9696889908 74: Pt

EMPIRE CORP KIT

H07000249622

# ARTICLES OF ORGANIZATION OF HEALTH CARE MEDICAL LLC

#### **ARTICLE 1 - NAME**

The name of the limited liability company is Health Care Medical LLC, ("company").

# **ARTICLE II - ADDRESS**

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

Principal Office Address:

Mailing Address:

2750 McMullen Booth Road

2750 McMullen Booth Road

Sulte 102-A

Suite 102-A

Clearwater, Florida 33761

Clearwater, Florida 33761

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

John P. Joseph, Esquire Pinellas Legal Center, PL 2429 Central Avenue Suita 201 St. Petersburg Florida 33713

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..

hri P. Joseph, Eagdire

H07000249622

10\08\500\ Id:2d 302633663

### ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"MGMR" = Managing Member

**MGMR** 

John A. Perkins

2750 McMullen Booth Road

Suite 102-A

Clearwater, Florida 33761

MGMR

Even M. Perkins

2750 McMullen Booth Road

Suite 102-A

Clearwater, Florida 33761

# ARTICLE V- STATEMENT OF PURPOSE

The purpose for which this limited liability company is organized is to engage in any lawful business for which limited liability companies may be organized in this state.

## **ARTICLE VI- DURATION**

The period of duration of the limited liability company shall be perpetual.

#07000249622

#### REQUIRED SIGNATURE:

Honeture is a period or an authorized representative of a member.

(In acceptance with section 808.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

John A. Perkins

Typed or printed name of signes

Signature of a member or an authorized representative of a member.

(in accordance with section 808.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the panalities of perjury that the facts stated herein are true.)

Evan M. Perkins

Typed or printed name of eignoc

This document was created by the Pineles Legal Center, Pl. John P. Joseph, Esquire 2429 Central Avenue Suite 301 St. Petersburg, Florida 33713 FBN60607274 Phone (727) 490-2291

FILED

07 OCT -8 AM 8: 10

SECRETARILY: STATE
TALL AHASSEE, FLORIDA