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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Pediatric Nites, PLLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
Pediatric Nites, PLLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Pediatric Nites, PLLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 11525 Cortez Blvd., Spring Hill, Florida 34613.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Dr. Maria Doherty, 11525 Cortez Blvd., Spring Hill, Florida 34613. Located in the County of Hernando.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2047

ARTICLE V ACTIVITY

The business activity shall be: Medicine

ARTICLE VI MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Dr. Maria Doherty, 11525 Cortez Blvd., Spring Hill, Florida 34613



Date: October 22, 2007

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

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CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

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

The name of the limited liability company is: **Pediatric Nites, PLLC**

The name and address of the registered agent and office is **Dr. Maria Doherty, 11525 Cortez Blvd., Spring Hill, Florida 34613. Located in the County of Hernando.**

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.

Signature: _____

Dr. Maria Doherty

Date: _____

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