

LU8000002959

(Requestor's Name)

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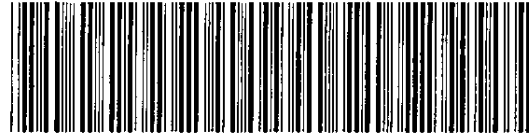
(Business Entity Name)

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DEPARTMENT OF STATE
DIVISION OF CONCORDATIONS
TALLAHASSEE, FLORIDA

B. KOHR
JAN 09 2008
EXAMINER

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TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 01/08/2008

REF. #: 000447.79803

CORP. NAME: MOBILE PEDIATRIC ANESTHESIOLOGISTS OF TAMPA, PL

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

STATE FEES PREPAID WITH CHECK# 524263 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2008

KATIE WONSCH
CORPDIRECT AGENTS
TALLAHASSEE, FL

SUBJECT: MOBILE PEDIATRIC ANESTHESIOLOGISTS OF TAMPA, PL
Ref. Number: W08000001149

We have received your document for MOBILE PEDIATRIC ANESTHESIOLOGISTS OF TAMPA, PL and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose statement must state the specific professional practice in which the company will engage -- e.g. "the practice of medicine".

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
Regulatory Specialist II

Letter Number: 308A00001790

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
MOBILE PEDIATRIC ANESTHESIOLOGISTS OF TAMPA, PL**

1. Name. The name of this limited liability company is **MOBILE PEDIATRIC ANESTHESIOLOGISTS OF TAMPA, PL**, a Florida professional limited liability company (the "Company").

2. Duration. The Company shall be effective upon the filing of these Articles and shall thereafter have perpetual existence.

3. Purpose. The Company is organized for the purpose of practicing medicine and transacting all lawful activities and businesses that may be conducted by a professional limited liability company under the laws of Florida.

4. Place of Business. The mailing and street address of the Company's principal office is 2923 West Bayshore Court, Tampa, Florida 33611.

5. Registered Agent and Office. The name of the initial registered agent of the Company is CorpDirect Agents, Inc. The street address of the initial registered agent of the Company is CorpDirect Agents, Inc., 515 East Park Avenue, Tallahassee, Florida 32301.

6. Contributions to the Company. No cash or property (other than cash) has been contributed to the Company by its member(s). No additional contributions have been agreed upon.

7. Additional Members. Additional members to the Company may be admitted, but only upon the consent of the member(s) of the Company at the time admission is sought.

8. Termination of Membership. Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or upon the occurrence of any other event which terminates the continued membership of a member in the Company, the Company shall be dissolved unless all remaining members agree in writing to continue the business of the Company.

9. Management of the Company. The Company shall be a single-member professional limited liability company and shall be managed in accordance with its operating agreement. Until changed by the operating agreement, the Company shall have the following officers: Robert Dickerson, M.D. – Managing Member, President, Secretary, and Treasurer, and he shall have full power and authority to act for and on behalf of the Company, including, without limitation, to enter into contracts, open and close bank accounts, incur and pay debts and expenses, file papers with the Internal Revenue Service, and engage professionals and other advisors, and all persons may rely on these Articles of Organization to deal directly with Robert Dickerson, M.D. on all matters relating to the Company.

The undersigned executed these Articles of Organization on the 26th day of December, 2007.



By:

Joseph Rugg
Authorized Representative

ACCEPTANCE BY REGISTERED AGENT

Having been appointed the registered agent of **MOBILE PEDIATRIC ANESTHESIOLOGISTS OF TAMPA, PL**, the undersigned accepts such an appointment, agrees to act in such capacity and accepts the obligations proposed by Section 608.415, Florida Statutes.

EXECUTED this 8th day of January, 2008.

CorpDirect Agents, Inc.

By: Katie Wunsch, Asst. Sec.