

Jan 14 2008 4:48PM

H&B CORPORATE SERVICES

156145985

p.1

Division of Corporations

https://efile.smbiz.org/scripts/efilcovr.exe

L08000004952

Florida Department of State
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.

(((H08000010766 3)))



H080000107663ABC

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 : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800)494-3124
Fax Number : (561)455-9885

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Florida Healthspan Institute, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

08 JAN 14 AM 6:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 JAN 14 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

L. SELLERS

JAN 15 2008

EXAMINER

H080000107663

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
Florida Healthspan Institute, LLC

ARTICLE II ADDRESS

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

THE ANDREWS INSTITUTE
1118 GULF BREEZE PKWY
GULF BREEZE, FLORIDA 32561

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

THOMAS R. SCHNIEDER, MD, FACS
2520 N. YATES AVE.
PENSACOLA, FLORIDA 32503

Having been named as registered agent 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..

X 

THOMAS R. SCHNIEDER, MD, FACS / Registered Agent's signature

FILED
JAN 14 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H080000107663

H080000107663

PAGE 2

Florida Healthspan Institute, LLC

ARTICLE IV PURPOSE

This is a medical practice exclusively dealing with age management and rejuvenation.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

THOMAS R. SCHNEIDER, MD, FACS

THE ANDREWS INSTITUTE

1118 GULF BREEZE PKWY


GULF BREEZE, FLORIDA 32561

MANAGING MEMBER:

DALE G. SCHNEIDER

2520 N. YATES AVE.

PENSACOLA, FLORIDA 32503

x 

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.

THOMAS R. SCHNEIDER, MD, FACS

2008 JAN 14 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H080000107663