

L08000014712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

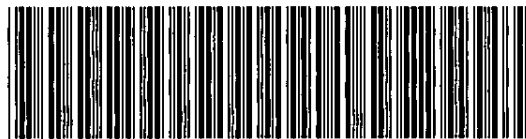
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR

FEB 11 2008

EXAMINER

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

FILING COVER SHEET  
ACCT. #FCA-14

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TALLAHASSEE, FLORIDA

CONTACT: ASHLEY SMITH

DATE: 02-11-2008

REF. #: 000177.81660

CORP. NAME: MID-FLORIDA UROLOGY PHYSICIAN SERVICES, L.L.C.

- |  |   |   |
|--|---|---|
| <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:                      |   |   |

STATE FEES PREPAID WITH CHECK# 524712 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

**ARTICLES OF ORGANIZATION  
OF  
MID-FLORIDA UROLOGY PHYSICIAN SERVICES, L.L.C.**

The undersigned, being authorized to execute and file these Articles of Organization of **MID-FLORIDA UROLOGY PHYSICIAN SERVICES, L.L.C.** (the "Limited Liability Company"), hereby certifies that:

**ARTICLE I — Name:**

The name of the Limited Liability Company is:

MID-FLORIDA UROLOGY PHYSICIAN SERVICES, L.L.C.

**ARTICLE II — Address:**

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

200 Avenue F Northeast  
Winter Haven, Florida 33881

**ARTICLE III — Duration:**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV — Registered Agent:**

The name and address of the registered agent for service of process in the state shall be:

Lance W. Anastasio  
200 Avenue F Northeast  
Winter Haven, Florida 33881

**ARTICLE V — Management:**

The Limited Liability Company will be a member-managed company:

**ARTICLE VI — Indemnification**

The Limited Liability Company shall indemnify and hold harmless its members against any and all claims and demands whatsoever.



Lance W. Anastasio  
Authorized Signatory

**FILED**  
08 FEB 11 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

**MID-FLORIDA UROLOGY PHYSICIAN SERVICES, L.L.C.**

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.*

  
Lance W. Anastasio

Dated: February 6, 2008