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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

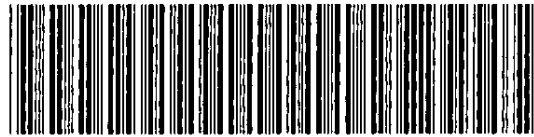
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAY 21 2008

EXAMINER

HAYWARD & GRANT, P. A.

**ATTORNEYS AT LAW
2121-G KILLARNEY WAY
TALLAHASSEE, FLORIDA 32309**

**JOHN A. GRANT
BLAKE HAYWARD*
TOM R. HAYWARD**
KIMBERLY L. KING
EDWARD W. WOOD**

*Master of Laws in Taxation
**Of Counsel

**TELEPHONE (850) 386-4400
FACSIMILE (850) 386-7444**

TO: Registration Section
Division of Corporations

SUBJECT: Andrew M. Scanameo, M.D., LLC

The enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimberly L. King
HAYWARD & GRANT, P.A.
2121-G Killarney Way
Tallahassee, FL 32309

For further information concerning this matter, please call:

Kimberly L. King at (850) 386-4400

Enclosed is a check for the following amount: \$125.00 Filing Fee

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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**ARTICLES OF ORGANIZATION
OF
ANDREW M. SCANAMEO, M.D., LLC**

ARTICLE I - NAME

The name of the limited liability company is Andrew M. Scanameo, M.D., LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

1889 Professional Park Circle, Suite 30
Tallahassee, Florida 32308

Mailing Address:

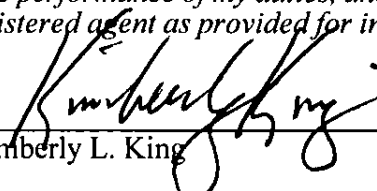
1889 Professional Park Circle, Suite 30
Tallahassee, Florida 32308

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

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

Kimberly L. King
2121-G Killarney Way
Tallahassee, Florida 32309

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.



Kimberly L. King

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGR

Andrew M. Scanameo, M.D.
4502 Rockbridge Hollow
Tallahassee, Florida 32312

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ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be upon filing.

REQUIRED SIGNATURE:



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.)

Andrew M. Scanameo, M.D.

Typed or printed name of signer