

**LD800052982**

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.

((H08000139570 3)))



HD80001395703ABC0

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

08 MAY 28 AM 11:25

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

RECEIVED

08 MAY 28 AM 6:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**HERNANDO NEUROSURGERY, LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

**G. MCLEOD**

MAY 29 2008

**EXAMINER**

4/08000139570 3

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 MAY 28 AM 11:25

**ARTICLE I NAME**

The name of the Limited Liability Company is:

HERNANDO NEUROSURGERY, LLC

**ARTICLE II ADDRESS**

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

17222 HOSPITAL DRIVE, SUITE 350  
BROOKSVILLE, FLORIDA 34601

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

A1A REGISTERED AGENT, INC.  
5647 110TH AVENUE NORTH  
ROYAL PALM BEACH, FLORIDA 33411

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.

*Ima Mark: Tuma Mark Press 5/28/08*  
A1A REGISTERED AGENT, INC. / Registered Agent's signature

*H-08000139570 3*

PAGE 2

HERNANDO NEUROSURGERY, LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER

ESTHER L. WYLEN, M.D.

6621 NORTH LAKESHORE DRIVE

SHREVEPORT, LOUISIANA 71107



x *Esther Wylene* *5/28/08*

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.

ESTHER L. WYLEN, M.D.