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To:

Division of Corporations

Pax Number

: (850)617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078

Phone : (407)843-8880

Fax Number : (407)244-5690

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Access Pediatric Tampa, LLC

Certificate of Status	0
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D. BRUCE

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EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: ACCESS PEDIATRIC TAMPA, LLC

ARTICLE II - Address:

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

610 Sycamore Street, Suite 240 Celebration, FL 34747

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Jessica L. Captain, Eso.	
Name	
301 E. Pine Street, Suite 1400	
Florida street address (P.O. Box NOT acceptable)	
Orlando, Florida 32801	
City, State, and Zip	

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.

Registered Agent's Signature: Jessica L. Captain

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Jessica L. Captain, Authorized Representative

Jessica C. Captain, Authorized Representative
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.)

Jessica L. Captain. Authorized Representative
Typed or printed name of signer

FILING FEES:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)

\$ 5.00 Certificate of Status (OPTIONAL)

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