Division of Corpora

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.

(((H08000251367 3)))



H080002513673ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : QUARLES & BRADY LLP

Account Number : I20000000067

: (239)262-5959

Phone Fax Number

: (239)434-4999

FLORIDA/FOREIGN LIMITED LIABILITY CO.

HERMES O. KOOP, M.D., P.L.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

C. LEWIS

NOV 72008

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

FILED^{02/04}

H08000251367 3

ARTICLES OF ORGANIZATION OF

HERMES O. KOOP, M.D., P.L.

2000 NOV -6 AM 7:54

SECHETAR LUT STATE
TALLAHASSEE. FLORIDA

In accordance with §621 and §608, Florida Statutes, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

The undersigned authorized agent of the Member of the above limited liability company hereby certifies that the sole Member, for the purpose of forming a professional limited liability company under the laws of the State of Florida, hereby executes the following Articles to provide for the formation, rights, privileges, and immunities of a professional limited liability company for profit. The undersigned authorized agent further declares that the following Articles shall be the Charter and authority for the conduct of business of such professional limited liability company.

ARTICLE I

NAME

The name of the professional limited liability company shall be HERMES O. KOOP, M.D., P.L. (the "Company").

ARTICLE II

ADDRESS OF PRINCIPAL PLACE OF BUSINESS

The mailing address of the Company shall be: P.O. Box 607, Naples, Florida, 34106 and street address of the principal office of the Company shall be: 599 9th Street North, Suite 307, Naples, Florida, 34102.

ARTICLE III

PURPOSE

The professional limited liability company shall have the power to engage in every aspect of the concierge practice of medicine. The professional services involved in the Company's practice may only be rendered through its members, officers, employees, and agents who are duly licensed medical doctors or otherwise legally authorized to render such professional services within the State of Florida.

ARTICLE IV

REGISTERED AGENT

The name and address of the initial registered agent in the State of Florida is Naples-Lawdock, Inc., 1395 Panther Lane, Suite 300, Naples, Florida 34109.

H08000251367 3

2003 NOV -6 AM 7: 54

ARTICLE V

JECHETARY OF STATE TALLAHASSEE, FLORIDA

DURATION

The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the Company is earlier dissolved as provided in these Articles of Organization or in the Company's operating agreement.

ARTICLE VI

MANAGEMENT

The Company shall be member-managed in accordance with the Operating Agreement adopted by the Member for the management of the business and affairs of the Company. This Operating Agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law, this Instrument and the Florida Limited Liability Company Act.

ARTICLE VII

MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, bankruptcy, or dissolution of a Member, or the occurrence of any other event that terminates the continued membership of a Member in the Company, the existence of the Company shall continue.

IN WITNESS WHEREOF, the undersigned has signed these Articles Of Organization as authorized representative at Naples, Florida on the 6th day, of November, 2008.

T. ROBERT BULLOCH, ESQ. Authorized/Representative

STATE OF FLORIDA

COUNTY OF COLLIER

BEFORE ME the undersigned authority, this 6th day of November, 2008, personally appeared T. Robert Bulloch, Esq., who is personally known to me.

(SEAL)

ELAINE J SHUART
MY COMMISSION # DO 482619
EXPIRES: January 11, 2010
Gonded Thru Notary Public Underwhite

Notary Public /State of Florida

Printed Name: ELAINE J. SHUA

My commission expires: 1/11/10

H08000251367 3

CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE AND REGISTERED AGENT

PURSUANT TO THE PROVISIONS OF SECTION 621 AND 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT DESIGNATING ITS REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

THE NAME OF THE LIMITED LIABILITY COMPANY IS HERMES O. KOOP, M.D., P.L.

THE NAME OF THE INITIAL REGISTERED AGENT OF THE LIMITED LIABILITY COMPANY IS NAPLES-LAWDOCK, INC., AND THE ADDRESS OF THE OFFICE OF THE REGISTERED AGENT IS 1395 PANTHER LANE, SUITE 300, NAPLES, FLORIDA 34109.

ACCEPTANCE OF REGISTERED AGENT

The undersigned, being named in the Articles of Organization of Hermes O. Koop, M.D., P.L., as the registered agent of this professional limited liability company, hereby consents to accept service of process for the above stated company at the place designated in the articles of organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with and accept the obligations of the position of registered agent.

Date: November 6th, 2008

NAPLES-LAWDOCK INC

By: // Timothy G. Aains

Its: President

2000 NOV -6 AM 7: 54