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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

\_\_\_\_\_  
(Business Entity Name)

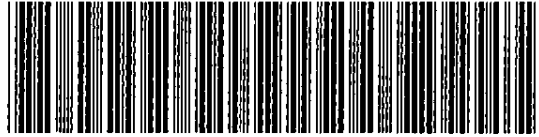
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TALLAHASSEE, FLORIDA

**C. LEWIS**

NOV 20 2008

**EXAMINER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MID-PINELLAS PRIMARY CARE, P.L.  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Lynne Walder, Esquire

(Name of Person)

Lynne Walder, P.A.

(Firm/Company)

777 S. Harbour Island Blvd. Suite 190

(Address)

Tampa, FL 33602

(City/State and Zip Code)

For further information concerning this matter, please call:

Lynne Walder

(Name of Person)

at ( 813 ) 221-2121

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Mid-Pinellas Primary Care, P.L.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

*Purpose - Medical Services*

## ARTICLE II - Address:

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

### Principal Office Address:

13787 Belcher Road South

Suite 100

Largo, FL 33771

### Mailing Address:

13787 Belcher Road South

Suite 100

Largo, FL 33771

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Lynne Walder

Name

777 S. Harbour Island Blvd. Suite 190

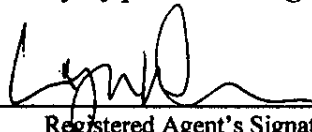
Florida street address (P.O. Box **NOT** acceptable)

Tampa, FL 33602

FL

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 (REQUIRED)

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Kimberly A. Dean, D.O., P.A.

13787 Belcher Rd. S. Ste 100

Largo, FL 33771

MGRM

Nicholas Z. Okeson, D.O., P.L.C.

13787 Belcher Rd. S. Ste 100

Largo, FL 33771

MGRM

Mark C. Stine, D.O., P.A.

13787 Belcher Rd. S. Ste 100

Largo, FL 33771

MGRM

Jason H. Howard, D.O., Inc.

13787 Belcher Rd. S. Ste 100

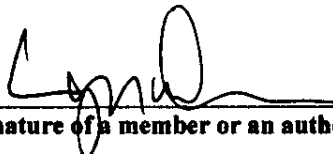
Largo, FL 33771

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of 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.)

**Lynne Walder**

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

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