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B. KOHR

FEB 25 2009

EXAMINER

FILED
09 FEB 24 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 02/24/2009

REF. #: 000177.100315

CORP. NAME: ALLIANCE LABS, LLC

EFFECTIVE DATE 2/20/09

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- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 579420 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

EFFECTIVE DATE 2/20/09

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
ALLIANCE LABS, LLC**

The undersigned, being authorized to execute and file these Articles of Organization of **ALLIANCE LABS, LLC** (the "Limited Liability Company"), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is **ALLIANCE LABS, LLC**.

ARTICLE II — Address:

The mailing address and street address of the principal office of the Limited Liability Company is 1456 William Street, Leesburg, Florida 34748.

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV — Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

Kevin Hunter
Colaborate LLC
1456 William Street
Leesburg, Florida 34748

ARTICLE V — Membership:

The members of the Company and their respective membership interests shall be as set forth in the Company's Operating Agreement as amended from time to time.

ARTICLE VI — Management:

The Limited Liability Company will be a manager-managed company.

ARTICLE VII — Effective Date:

The effective date of these Articles of Organization shall be February 20, 2009.

* * * * *

IN WITNESS WHEREOF, the undersigned, as the respective authorized representatives of each of the initial members of the Company, have executed the foregoing Articles of Organization as of this 20th day of February, 2009.

**Leesburg Regional Medical Center, Inc., a
Florida not-for-profit corporation**

By: [Signature]
Name: DANIEL S. PERKINS
Title: Authorized Representative

**The Villages Tri-County Medical Center,
Inc., a Florida not-for-profit corporation**

By: [Signature]
Name: DANIEL S. PERKINS
Title: Authorized Representative

**Diagnostic Pathology Associates, P.A., a
Florida corporation**

By: [Signature]
Name: Clifford L. Bridges Jr M.D.
Title: Authorized Representative

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**ALLIANCE LABS, LLC**

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, Florida Statutes.


Name: Kevin Hunter

Dated: February 20, 2009