

L09000052776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

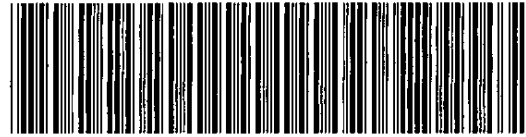
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500156556525

05/29/09--01017--008 \*\*130.00

FILED

09 MAY 29 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUN -1 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INTERNAL MEDICINE Diagnostic Center of  
(Name of Limited Liability Company) Englewood

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

Please return all correspondence concerning this matter to the following:

DR. AVELINO F. MILLANES

(Name of Person)

AVELINO F. MILLANES MD PA

(Firm/Company)

356 INDIANA AVENUE

(Address)

ENGLEWOOD FLORIDA 34223

(City/State and Zip Code)

FILED  
09 MAY 29 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Gwen Millanes

(Name of Person)

at 941 302-4801

(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:

INTERNAL MEDICINE Diagnostic Center

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

of Englewood, LLC.

### ARTICLE II - Address:

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

#### Principal Office Address:

358 INDIANA AVENUE  
ENGLEWOOD, FLORIDA  
34223

#### Mailing Address:

358 INDIANA AVENUE  
Same

### 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:

Gwen Millares

Name

695 OLD Englewood ROAD

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

Englewood FL 34223

City, State, and Zip

FILED  
09 MAY 29 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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..

X [Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**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

MGRM

MGRM

**Name and Address:**

Avelino F. Millares, MD.  
358 S. Indiana Avenue  
Englewood, FLORIDA  
34223

Louis D. Rosenfield, MD.  
358 S. Indiana Avenue  
Englewood, FL 34223

(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.)

Avelino F. Millares, MD

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)**

**FILED**  
**09 MAY 29 PM 1:30**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**