

09/18/2009

11:07

BOOSE CASEY → #4213#47393#18506176383#

NO.279 0001

Division of Corporations

LD90000010422

Florida Department of State  
Division of Corporations  
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## Electronic Filing Cover Sheet

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To:

Division of Corporations  
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L. SELLERS

SEP 21 2009

From:

Account Name : CASEY CIKLIN LUBITZ MARTENS & O'CONNELL  
Account Number : 076376001447  
Phone : (561) 832-5900  
Fax Number : (561) 833-4209

EXAMINER

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## Flagler Medical Building LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

09 SEP 18 PM 12:11

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09 SEP 18 AM 8:46

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Flagler Medical Building LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2801 N. Flagler Dr  
WPB FL 33407

**Mailing Address:**

2801 N. Flagler Dr  
WPB FL 33407

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


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

Timothy Mark MD  
Name

2801 N. Flagler Dr  
Florida street address (P.O. Box NOT acceptable)

West Palm Beach FL 33407  
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

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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:** MGRm

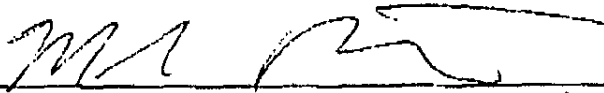
**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

Mark Rattinger MD  
2801 N. Flagler Dr  
WPB, FL 33407

**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.)

Mark Rattinger MD  
Typed or printed name of signee

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