

Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
 Account Number : 072450003255
 Phone : (305) 634-3694
 Fax Number : (305) 633-9696

09 OCT 23 AM 10:26

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 SECRETARY OF STATE
 DIVISION OF CORPORATION

FLORIDA/FOREIGN LIMITED LIABILITY CO.

legacy family medicine, llc

Certificate of Status	1
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TALLAHASSEE, FLORIDA

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10/23/2009

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Legacy Family Medicine, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

11602 Lake Underhill Road
Suite 119
Orlando, Florida 32825

11602 Lake Underhill Road
Suite 119
Orlando, Florida 32825

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:

Law Offices of John L. Di Masi, P.A.

Name

801 N. Orange Ave., Suite 500

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

Orlando 32801

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.

[Signature]
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

Phillip T. Hardy, MD

11602 Lake Underhill Road, Suite 119

Orlando, Florida 32825

(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.)

FRANK J. LAGANITI counsel to
Typed or printed name of signer Legacy

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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