

NOV-06 2009 15:20

P.01

L09000107254

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000236416 3)))



H090002364163ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
Fax Number : (608) 827-5501

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Inpatient Specialist of Florida PLLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -6 AM 7:57

RECEIVED

09 NOV -6 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

NOV -9 2009

EXAMINER

FAX AUDIT # H09000236416 3

**ARTICLES OF ORGANIZATION
OF
Inpatient Specialist of Florida PLLC**

ARTICLE I NAME

The name of the limited liability company shall be: Inpatient Specialist of Florida PLLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
2217 Soho Bay Ct., Tampa, Florida 33606.

ARTICLE III BUSINESS ACTIVITY

The specific business activity is: To provide medical services.

ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 1203
Governors Square Blvd, Suite 101 , Tallahassee, Florida 32301-2960. Located in the County of
Leon.

ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE VI MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and
addresses of the members of the Limited Liability Company are:

Shiraz Khaiser, 2217 Soho Bay Ct, Tampa, Florida 33606
Philip Atigre, 1005 Bay Harbor Place, Tampa, Florida 33602



Date: November 6, 2009

Business Filings Incorporated, Organizer
Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,
WI 53717

(608) 827-5300

FAX AUDIT # H09000236416 3

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -6 AM 7:57

FAX AUDIT # H09000236416 3

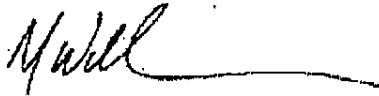
CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Inpatient Specialist of Florida PLLC

The name and address of the registered agent and office is Business Filings Incorporated, 1203 Governors Square Blvd., Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated 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.



Signature: _____
Mark Williams, A.V.P. Business Filings Incorporated

Date: November 6, 2009

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -6 AM 7:57

FAX AUDIT # H09000236416 3