

L09000114728

Florida Department of State
Division of Corporations
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.

((H09000250932 3)))



H090002509323ABC/

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

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA/FOREIGN LIMITED LIABILITY CO.
CARE POINT MEDICAL CENTER, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED

09 DEC -2 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -2 AM 7:58

T. HAMPTON

Electronic Filing Menu

Corporate Filing Menu

Help

EXAMINER

H09000250932

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: Name of Limited Liability Company:

CARE POINT MEDICAL CENTER, LLC

ARTICLE II: Mailing Address & Street Address of Limited Liability Company:

Address: 1911 W. MARTIN LUTHER KING JR. BLVD.

City, State & Zip: TAMPA, FLA 33607


ARTICLE III: Registered Agents Name, Office Address & Registered Agents Signature:
(P. O. Box NOT Acceptable)

Name: AKIN BAKARE

Address: 1911 W. MARTIN LUTHER KING JR. BLVD.

City, State & Zip: TAMPA, FLA. 33607

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 
Registered Agent's Signature

Date: 11/18/2009

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC -2 AM 7:58

Article IV - Management (Check box if applicable)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. Specify name & address(es).

1. AKIN BAKARE - 1911 W. Martin Luther King Jr. Blvd. - 70% President
TAMPA, FLA. 33607
2. Sanjeeve Grover - 1911 W. Martin Luther King Jr. Blvd. - 30% Partner
TAMPA, FLA. 33607
- 3.



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.

Typed or printed name of signee

H09000250932