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.

(((H100000476253)))



H100000476253ABCZ

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

: REZNICSEK, FRASER, HASTINGS, WHITE & SHAFFER,

Account Number : I20030000107

Phone

: (904)567-1060

Fax Number

(904) 567-1065

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

Email Address: Yfhws @ yfhlaw.com

FLORIDA LIMITED LIABILITY CO.

Neurosurgical Associates of St. Augustine, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

A. LUNT

MAR -3 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

To:

Division of Corporations

Fax number:

+1 (850) 6176383

From:

Donna Ciancutti

Fax number:

904-567-1065

Business phone:

567-1177

Home phone:

Date & Time:

3/2/2010 3:18:45 PM

Pages:

Re:

Neurosurgical Associates of St. Augustine, LLC

Please file the following....

ARTICLES OF ORGANIZATION

OF

NEUROSURGICAL ASSOCIATES OF ST. AUGUSTINE, LLC

Pursuant to section 608.407 of the Florida Limited Liability Company Act, Florida Statutes, as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

ARTICLE I - NAME

The name of the limited liability company (the "Company") is Neurosurgical Associates of St. Augustine, LLC.

ARTICLE II DURATION

Unless earlier terminated pursuant to the Act or the Operating Agreement (as defined in § 608.402 (24) of the Act) of the Company, the period of its duration shall be perpetual.

ARTICLE III ADDRESS

The mailing address of the Company shall be P. O. Box 3185. St. Augustine, Florida 32085 and the street address of the principal office of the Company shall be 301 Health Park Boulevard, Suite 216, St. Augustine, Florida 32086.

ARTICLE IV REGISTERED AGENT AND OFFICE

The initial registered office of the Company shall be 301 Health Park Boulevard, Suite 216, St. Augustine, Florida 32086, and its initial registered agent at such office shall be Miguel A. Machado, M.D.

ARTICLE V MANAGEMENT OF THE COMPANY

The Company will be managed by one or more managers in accordance with and subject to the requirements of the Act and Operating Agreement of the Company. The name and street address of the Initial Manager of this Company is:

Name

<u>Address</u>

Miguel A. Machado, M.D.

301 Health Park Boulevard, Suite 216 St. Augustine, Florida 32086

{00082987-1 }

H100000476253

てこれり

IN WITNESS WHEREOF, the undersigned members of the Company have executed these Articles of Organization on behalf of the Company in accordance with \S 608.407 of the Act.

Dated this <u>28</u> day of February, 2010.

Miguel A. Machado, M.D., Manager

ZUTUMAK ~Z AM (B: 3