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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 19 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MID-FLORIDA INTERVENTIONAL CARDIOLOGY PHYSICIAN SERVICES, L.L.C.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN PARMAN

Name of Person

WINTER HAVEN HOSPITAL

Firm/Company

200 AVENUE F, NE

Address

WINTER HAVEN, FL 33881

City/State and Zip Code

CARRIE.GRINER@WINTERHAVENHOSPITAL.ORG

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIA SMITH

Name of Person

at (863)

2924359

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
MID-FLORIDA INTERVENTIONAL CARDIOLOGY PHYSICIAN SERVICES, L.L.C.**

The undersigned, being authorized to execute and files these Articles of Organization of **MID-FLORIDA INTERVENTIONAL CARDIOLOGY PHYSICIAN SERVICES, L.L.C.** (the "Limited Liability Company"), hereby certifies that:

ARTICLE I - Name:

The name of the Limited Liability Company is:

MID-FLORIDA INTERVENTIONAL CARDIOLOGY PHYSICIAN SERVICES, L.L.C.

ARTICLE II - Address:

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

200 Avenue F. Northeast
Winter Haven, FL 33881

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - Registered Agent:

The name and address of the registered agent for service of process in the state shall be:


Lance W. Anastasio
200 Avenue F. Northeast
Winter Haven, FL 33881

ARTICLE V - Management:

The Limited Liability Company will be a member-managed company.

ARTICLE VI - Indemnification

The Limited Liability Company shall indemnify and hold harmless its members against any and all claims and demands whatsoever.


Lance W. Anastasio
Authorized Signatory

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TALLAHASSEE, FLORIDA

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

MID-FLORIDA INTERVENTIONAL CARDIOLOGY PHYSICIAN SERVICES, L.L.C.

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 a registered agent as provided for in Chapter 608, F.S.



Lance W. Anastasio

Dated: 4-7, 2010

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TALLAHASSEE, FLORIDA