

L1000045942

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.

(((H10000162692 3)))



H100001626923ABC

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 : GASSMAN & ASSOCIATES, P.A.
Account Number : 075350000514
Phone : (727) 442-1200
Fax Number : (727) 443-5829

FILED
10 JUL 15 AM 8:48
TALLAHASSEE, FLORIDA

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TREVISANI ORAL SURGERY ALAFAYA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

D. BRUCE

JUL 16 2010

EXAMINER

RECEIVED
10 JUL 15 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

Audit Fax #
H100001626923

**RESTATED AND AMENDED
ARTICLES OF ORGANIZATION
OF
TREVISANI ORAL SURGERY ALAFAYA, LLC,
A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, as Manager of TREVISANI ORAL SURGERY ALAFAYA, LLC, a Florida Limited Liability Company, does hereby subscribe to these Restated and Amended Articles of Organization which will be effective upon the filing of this document with the Secretary of the State of Florida.

All amendments included herein were adopted pursuant to Section 608.411, F.S., and there is no discrepancy between the Company's Articles of Organization as theretofore amended other than the inclusion of these amendments and the omission of matters of historical interest.

This Amendment has been approved by unanimous consent of all of the Members of the Company who are entitled to vote.

This Amendment has been adopted effective July 6th, 2010.

Effective upon such filing, the following shall constitute the sole Articles of Organization for the Company:

**ARTICLE I
NAME**

The name of the Professional Limited Liability Company is TREVISANI ORAL SURGERY ALAFAYA, P.L.C.

**ARTICLE II
ADDRESS**

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

511 Wekiva Commons Circle
Apopka, FL 32712

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

511 Wekiva Commons Circle
Apopka, FL 32712

FILED
10 JUL 15 AM 8:48
TREVISANI ORAL SURGERY
ALAFAYA, P.L.C.
FLORIDA

H100001626923

HH00001626923

ARTICLE III DURATION

The Company's existence shall commence upon the acceptance of the Articles of Organization by the Secretary of State of Florida and shall continue in existence until the expiration of fifty (50) years from such commencement date, unless sooner terminated, liquidated, or dissolved by law or by the unanimous consent of the Members.

ARTICLE VIII MANAGEMENT

The Professional Limited Liability Company is to be managed by its sole Member and the name and address of such Member who is to serve is:

RONALD J. TREVISANI
511 Wekiva Commons Circle
Apopka, Florida 32712

ARTICLE IX ADMISSION OF NEW MEMBERS

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

The manager may admit new members in its sole and unfettered discretion subject only to the condition that such additional member must agree in writing to be bound as a member by the Operating Agreement of the Company.

ARTICLE X MEMBERS RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the professional limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the professional limited liability company shall be:

The death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the professional limited liability company shall not terminate the company, and the business of the company shall be automatically continued, so long as there is at least one remaining member.

HH00001626923

FILED
10 JUL 15 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H100001626923

**ARTICLE XI
NATURE OF BUSINESS**

The purpose for which the professional limited liability company is organized shall be to engage in and carry on all branches of the practice of oral surgery within the State of Florida, and to do those things that are necessary or proper in connection with that practice.

AUTHORIZED REPRESENTATIVE OF MEMBER
TREVISANI ORAL SURGERY ALAFAYA, P.L.C.

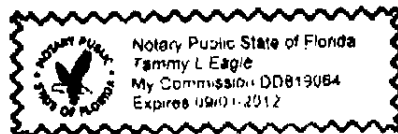
By: [Signature]
RONALD J. TREVISANI, Its: Manager

STATE OF FLORIDA)
COUNTY OF Orange)

The foregoing instrument was acknowledged before me this 6th day of July, 2010, by RONALD J. TREVISANI, as Manager of TREVISANI ORAL SURGERY ALAFAYA, P.L.C., who is presently known to me.

Witness my hand and official seal in the county and state last aforesaid on the day and year first written above.

Tammy L Eagle
Notary Public, State of Florida
My Commission Expires: 09/01/2012



H100001626923

H100001626923

ACCEPTANCE OF REGISTERED AGENT

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Professional Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

The name of the Professional Limited Liability Company is: TREVISANI ORAL SURGERY ALAFAYA, P.L.C.

The name and Florida street address of the Registered Agent are:

Alan S. Gassman, Esquire
1245 Court Street
Suite 102
Clearwater, FL 33756

Having been named as Registered Agent and to accept service of process for the above stated professional 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.


ALAN S. GASSMAN

(SEAL)

J:\T\Trevisani, Ronald\Trevisani Oral Surgery Alafaya, P.L.C. (converted from LLC)\Restated and Amended Articles of Organization, 2 and
jus 6-9-10

FILED
10 JUL 15 AM 8:48
CLERK OF STATE
TALLAHASSEE, FLORIDA

H100001626923