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(Address)

(City/State/Zip/Phone #)

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2010 JUL 14 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 15 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JMC HEALTH GROUP LLC

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:

Stephen Patti

Name of Person

ADA

Firm/Company

5741 Bee Ridge Rd Suite 450

Address

Sarasota, FL 34233

City/State and Zip Code

adasurgery@verizon.net

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

For further information concerning this matter, please call:

Stephen Patti

Name of Person

at (941)

266-4754

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JMC HEALTH GROUP LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

1857 Floyd St

Suite 450

Sarasota, FL 34239

Mailing Address:

Same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

C. Stephen Patti, M.D.

Name

5741 Bee Ridge Rd. Suite 450

Florida street address (P.O. Box **NOT** acceptable)

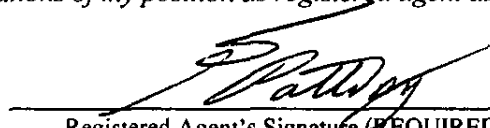
Sarasota, FL

34233

City, State, and Zip

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TALLAHASSEE, FLORIDA

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

ARTICLE IV- Manager(s) or Managing Member(s):

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The name and address of each Manager or Managing Member is as follows:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

C. Stephen Patti, M.D.

5741 Bee Ridge Rd. Suite 450

Sarasota, FL 34233

MGR

Danielle M. Patti, M.D.

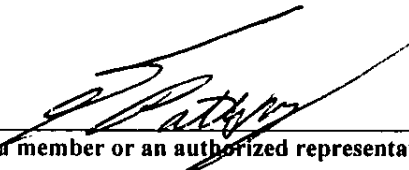
1857 Floyd St. Suite 100

Sarasota, FL 34239

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 14, 2010 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

C. Stephen Patti, M.D.

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)