

7/19/2010

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FLORIDA LIMITED LIABILITY CO.  
Palm Coast Medical, PLLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
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JUL 20 2010

EXAMINER

H10000164759

**ARTICLES OF ORGANIZATION  
FOR**

**FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is: **Palm Coast Medical, PLLC**

**ARTICLE II - Address**

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

**Principal Office Address:**

**3880 Coconut Creek Parkway, Suite 100**

**Coconut Creek, FL 33066**

**Mailing Address:**

**3880 Coconut Creek Parkway, Suite 100**

**Coconut Creek, FL 33066**

**ARTICLE III - The purpose for which this Professional Limited Liability Company is/are formed, are as follows: To practice the profession of: Family Medicine (Medical Practice) (Doctors Office)**

**ARTICLE IV - Registered Agent, Registered Office & Registered Agent's Signature**

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

**Daniel R. Ferrara**

**Name**

**3880 Coconut Creek Parkway, Suite 100**

**(P.O. Box or Mail Drop Box NOT Acceptable)**

**Coconut Creek, FL 33066**

**(City / State / Zip)**

*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 - Daniel R. Ferrara**

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**ARTICLE V - Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

**MGRM**

**Daniel R. Ferrara 3880 Coconut Creek Parkway, Suite 100  
Coconut Creek, FL 33066**

(Use attachment if necessary)

**REQUIRED SIGNATURE:**



Signature of a member or 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. )

**Daniel R. Ferrara**

Typed or printed name of signee

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