

Oct. 7, 2010 9:56AM
Division of Corporations

Moran & Shams

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Florida Department of State
Division of Corporations
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L. SELLERS

OCT -8 2010

EXAMINER

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : MORAN, KIDD, LYONS, JOHNSON & BERKSON, P.A.
Account Number : I20000000003
Phone : (407) 841-4141
Fax Number : (407) 841-4148

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
MEDICAL HOME, PL**

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|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

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ARTICLES OF ORGANIZATION

OF

MEDICAL HOME, PL

The undersigned, for the purpose of forming a limited liability company in accordance with the Professional Service Corporation and Limited Liability Company Act, F.S. Chapter 621, hereby makes, acknowledges and files the following Articles of Organization.

ARTICLE I

Name. The name of the limited liability company shall be MEDICAL HOME, PL ("Company").

ARTICLE II

Purpose. The purposes for which the Company is formed are:

a. To engage in the practice of medicine as a professional limited liability company and to own and operate a medical office for the purposes of providing medical care and treatment.

b. To promote medical, surgical, and scientific research and knowledge; to furnish related laboratory and clinical services; and to own real and personal property, enter into contracts, and engage in any lawful business necessary for the rendering of such professional services.

c. To do everything necessary, proper, or convenient for the accomplishment of any of the purposes herein set forth, and to do every other act incidental thereto which is not forbidden by the laws of the State of Florida or by the provisions of these Articles of Organization or the operating agreement.

The professional services of the Company shall be carried out only through its members, officers, employees, and agents, each of whom is duly licensed or otherwise legally qualified to render such professional services in the State of Florida.

ARTICLE III

Address. The mailing address and street address of the principal office of the Company shall be 27030 Bentley Way, Apt. 208, Wesley Chapel, FL 33544.

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ARTICLE IV

Duration. The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the Company is earlier dissolved as provided in the operating agreement of the Company.

ARTICLE V

Initial Registered Office and Agent. The street address of the initial registered office of the Company is 111 North Orange Avenue, Suite 1200, Orlando, FL 32801 and the name of the initial registered agent of the Company at that address is GARY M. BERKSON.

ARTICLE VI

Management. The Company shall be managed by a manager or managers in accordance with an operating agreement adopted by the members for the management of the business and affairs of the Company. The operating agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization. The name and address of the initial manager(s) of the Company is/are:

NAME

ADDRESS

FRED E. CLARK, III

27030 Bentley Way, Apt. 208
Wesley Chapel, FL 33544

IN WITNESS WHEREOF, the undersigned does set his hand and seal and has acknowledged and filed the foregoing Articles of Organization under the laws of the State of Florida this 7th day of October, 2010


GARY M. BERKSON

STATE OF FLORIDA
COUNTY OF Orange

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared GARY M. BERKSON, to me personally known to be the person described in and who executed the foregoing Articles of Organization and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 7th day of October, 2010.


NOTARY PUBLIC



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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED SUBMITS THE FOLLOWING STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the limited liability company is MEDICAL HOME, PL.
2. As designated in the Articles of Organization filed with this certificate, the name and the Florida street address of the registered agent is:

GARY M. BERKSON
111 North Orange Avenue, Suite 1200
Orlando, Florida 32801

3. The street address of the registered office and the street address of the business office of the registered agent are identical.

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.


GARY M. BERKSON

October 7, 2010

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