

APR. 20. 2011 3:15PMns

JONES, FOSTER, JOHNSTON & STUBBS

NO. 8 Page 1 of 1

L11000047106

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.

((H11000106562 3)))



H110001065623ABCV

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 : JONES, FOSTER, JOHNSTON & STUBBS,
Account Number : 076077003231
Phone : (561) 650-0471
Fax Number : (561) 650-0431

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

Email Address: _____

FILED
2011 APR 20 AM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
11 APR 20 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
OB/GYN SPECIALISTS GREENWOOD PROPERTY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

T. CLINE

APR 21 2011

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

H11000106562 3

**ARTICLES OF ORGANIZATION
OF
OB/GYN SPECIALISTS GREENWOOD PROPERTY, LLC**

The undersigned hereby acknowledges these Articles of Organization for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, Chapter 608, Laws of Florida.

**ARTICLE I
Name**

The name of the Limited Liability Company is "OB/GYN SPECIALISTS GREENWOOD PROPERTY, LLC".

**ARTICLE II
Duration**

The limited liability company shall exist from the date of the filing of the Articles of Organization with the Department of State until the limited liability company is dissolved in accordance with its Operating Agreement.

**ARTICLE III
Address**

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

1515 North Flagler Drive, Suite 700
West Palm Beach, FL 33401

**ARTICLE IV
Registered Agent and Registered Office**

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

John A. Burigo, M.D.
1515 North Flagler Drive, Suite 700
West Palm Beach, FL 33401

2011 APR 20 AM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H11000106562 3

H11000106562 3

ARTICLE V
Additional Members

Additional members may be admitted to the limited liability company upon the unanimous agreement of all members of the limited liability company.

ARTICLE VI
Continuation of Business

Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member, or the occurrence of an event which terminates the continued membership of a member in the limited liability company, the business of the limited liability company shall terminate and the limited liability company shall be dissolved, unless a majority of the remaining members of the limited liability company agree to continue the business of the limited liability company.

ARTICLE VII
Manager(s) or Managing Member(s)

The name and address of the Manager is as follows:

Title:	Name and Address:
MGRM	John A. Burigo, M.D. 1515 North Flagler Drive, Suite 700 West Palm Beach, FL 33401
MGRM	Robert C. Gordon, D.O. 1515 North Flagler Drive, Suite 700 West Palm Beach, FL 33401

2011 APR 20 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE VIII
Commencement

The Limited Liability Company shall commence its existence upon filing with the Secretary of State of the State of Florida.

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.

Date: April 20, 2011


JOHN A. BURIGO, M.D.,
Authorized Representative

H11000106562 3

H11000106562 3

**CERTIFICATE DESIGNATING PLACE OF
BUSINESS OR DOMICILE FOR THE SERVICE
OF PROCESS WITHIN THIS STATE, NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED**

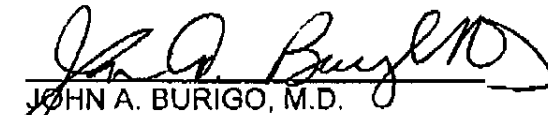
Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

That OB/GYN SPECIALISTS GREENWOOD PROPERTY, LLC desiring to organize under the laws of the State of Florida, has named JOHN A. BURIGO, M.D., located at 1515 North Flagler Drive, Ste 700, West Palm Beach, Florida 33401, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGMENT:

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.

Date: April 20, 2011


JOHN A. BURIGO, M.D.

P:\DOCS\122303\00001\DOC\1AM5513.DOC

2011 APR 20 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H11000106562 3