

# L110001390213ABCS

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To:

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From:

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

Email Address: cvanhise@slk-law.com

**FLORIDA LIMITED LIABILITY CO.  
Lightstream Health, P.L.**

Certificate of Status	0
Certified Copy	1
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**D. BRUCE**

MAY 25 2011

**EXAMINER**

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**Articles Of Organization  
For  
Lightstream Health, P.L.**

**ARTICLE I - Name**

The name of the Professional Limited Liability Company is **Lightstream Health, P.L.**

**ARTICLE II - Address**

The mailing address and street address of the principal office of the Professional Limited Liability Company are as follows:

Principal Office Address:  
1881 Laurel Street  
Sarasota, Florida 34236

Mailing Address:  
P.O. Box 610  
Sarasota, Florida 34230

**ARTICLE III - Professional Services Rendered**

The Professional Limited Liability Company shall render medical services.

**ARTICLE IV - Registered Agent and Registered Address**

The name and the street address of the registered agent are as follows:

Christian T. Van Hise, Esq.  
c/o Shumaker, Loop & Kendrick, LLP  
240 South Pineapple Avenue  
10<sup>th</sup> Floor  
Sarasota, Florida 34236

**ARTICLE V - Management**

The Professional Limited Liability Company is to be managed by one or more managers. The name and address of the initial manager are as follows:

Loren Leshan, M.D.  
1881 Laurel Street  
Sarasota, Florida 34236

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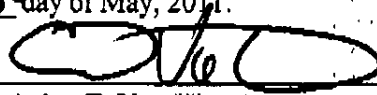
11 MAY 24 AM 9:00

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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization as an authorized representative of a Member this 25 day of May, 2011.

  
Christian T. Van Hise, Esq.  
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.)

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11 MAY 24 AM 9:00

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415, 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.

1. The name of the professional limited liability company is **Lightstream Health, P.L.**
2. The name and the Florida street address of the registered agent are as follows:

Christian T. Van Hise, Esq.  
c/o Shumaker, Loop & Kendrick, LLP  
240 South Pineapple Avenue  
10<sup>th</sup> Floor  
Sarasota, Florida 34236

*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.*



Christian T. Van Hise, Esq.  
Registered Agent

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