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CORPORATION SERVICE COMPANY*

ACCOUNT NO. : I20000000195

REFERENCE : 810200 81093A

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 125.00

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ORDER DATE : June 13, 2011

ORDER TIME : 12:01 PM

ORDER NO. : 810200-005

CUSTOMER NO: 81093A

DOMESTIC FILING

NAME: COORDINATED CARE CONSULTANTS,
LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

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Articles of Organization of Coordinated Care Consultants, LLC

The undersigned, for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

Article One Name

The name of the Limited Liability Company is Coordinated Care Consultants, LLC.

Article Two Registered Agent

The initial registered agent of the Company is: Laurence M. Petty, M.D. The registered address of the Company is: 8508 Alafia Hills Drive, Plant City, Florida 33567.

Article Three Principal Office

The mailing and street address of the principal office of the Company are: 8508 Alafia Hills Drive, Plant City, Florida 33567.

Article Four Management and Purpose

The Company shall be a manager-managed company, and shall initially be managed by Laurence M. Petty, M.D. and Rulx Ganthier, Jr., M.D. The Operating Agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with the law or these Articles of Organization. The general purpose of the Company is to perform any lawful business, including the family management of family interests, within or without the State of Florida.

IN WITNESS WHEREOF, the undersigned members have made and subscribe these Articles of Organization at Fort Myers, Florida, for the foregoing uses and purposes this 15th day of July, 2009.

Laurence M. Petty

Laurence M. Petty, M.D.,
authorized representative of the
Members

STATE OF FLORIDA
COUNTY OF LEE

The foregoing instrument was acknowledged before me this 15th day of July, 2009 by Laurence M. Petty, M.D., who (X) is personally known to me or who () has produced personally as identification.

(Seal)

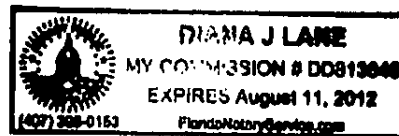
My Comm. Expires: 8/11/12
My Comm. No.: DD813646

Diana J. Lane

Notary Public

Diana J. Lane

Printed Notary Signature



Acceptance of Registered Agent

Having been named as registered agent and to accept service of process for Coordinated Care Consultants, LLC, at the place designated herein, 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. I am familiar with and accept the obligations of my position as registered agent, as provided for in Chapter 608, Florida Statutes.



Laurence M. Petty, M.D.

Date: 12 June 29