

09/20/2011

14:40 SHUMAKER LOOP &amp; KENDRICK

08/29/2010

P.001/004

L11000107661

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.

(((H11000230053 3)))



H110002300533ABCP

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 : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813)229-7600  
Fax Number : (813)229-1660

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

Email Address: eaebel@slk-law.com

## FLORIDA LIMITED LIABILITY CO.

Palma Ceia Family Care, P.L.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 SEP 20 AM 8:37

FILED

RECEIVED

11 SEP 20 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

SEP 21 2011

EXAMINER 2011

H11000230053 3

**Articles Of Organization  
For  
Palma Ceia Family Care, P.L.**

**ARTICLE I - Name**

The name of the Professional Limited Liability Company is **Palma Ceia Family Care, P.L.**

**ARTICLE II - Address**

The mailing address and street address of the Professional Limited Liability Company is as follows:

808 N. Franklin St. #1509  
Tampa, Florida 33602

**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:

Erin Smith Aebel, Esq.  
101 E. Kennedy Boulevard  
Suite 2800  
Tampa, Florida 33602

**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:

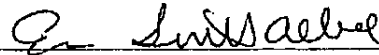
Ryan Adami, D.O.  
808 N. Franklin St., #1509  
Tampa, Florida 33602

FILED  
11 SEP 20 AM 8:37  
STATE  
TALLAHASSEE, FLORIDA

H11000230053 3

H11000230053 3

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization as an authorized representative of a Member this 13 day of September 2011.



Erin Smith Aebel, 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.)

FILED

11 SEP 20 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H11000230053 3

H11000230053 3

**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 Palma Ceia Family Care, P.L.

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

Erin Smith Aebel, Esq.  
101 E. Kennedy Boulevard  
Suite 2800  
Tampa, Florida 33602

*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.*



Erin Smith Aebel, Esq.  
Registered Agent

FILED  
11 SEP 20 AM 8:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H11000230053 3