

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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TALLAHASSEE, FLORIDA

To:

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Fax Number : (850) 617-6383

From:

Account Name : MCFARLAND, GOULD, LYONS, SULLIVAN & HOGAN, P.A.
Account Number : I19990000015
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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.

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FLORIDA LIMITED LIABILITY CO.
CYPRESS MEDICAL CARE, LLC

Certificate of Status	0
Certified Copy	0
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▲ Board Certified Criminal Trial Attorney
◆ Florida Supreme Court Certified Circuit Court Mediator
✓ AV Rated Attorney

REPLY TO: MAIN OFFICE
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November 29, 2011

East Lake Office
3490 East Lake Road, Suite B
Palm Harbor, FL 34685
Telephone (727) 771-8900

ED SUAREZ
Of Counsel



TRANSMITTAL BY EMAIL

Florida Department of State
Division of Corporations
Attention: Jeraline Saulsberry
Post Office Box 6327
Tallahassee, Florida 32314

RE: CYPRESS MEDICAL CARE, LLC
Fax Aud #: H11000274265
Ref: W11000058663
Letter Number: 411A00026241

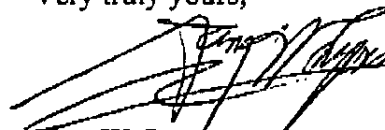
Dear Jeraline:

Please find enclosed our client's Consent to Organization with regard to the above. For your reference, I have enclosed your correspondence of November 21, 2011 and our Electronic Filing Cover Sheet with Articles submitted on November 18, 2011. Please review and proceed accordingly.

Please call with any questions and/or concerns to same.

Thank you for your cooperation in this matter.

Very truly yours,


Gary W. Lyons
Attorney at Law

GWL/lbs
Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONSENT TO ORGANIZATION
OF
CYPRESS MEDICAL CARE, LLC

The undersigned hereby consents to organization of CYPRESS MEDICAL CARE, LLC and to the following facts as each is true, complete and correct:

- 1) I am the current 100% Shareholder and Manager of CYPRESS MEDICAL CARE, P.A., (#S83373) operates at 3102 West Cypress Street, Suite A, Tampa, Florida 33607.
- 2) I consent to the organization of this new CYPRESS MEDICAL CARE, LLC, at this same address as its principal place of business as I am also the Manager and Member of this new entity to be formed.

Tulsibhai P. Piplia
TULSIBHAI PIPLIA
3102 West Cypress Street, Suite A
Tampa, Florida 33607

11/29/2011 TUE 15:07 FAX 727 442 9631 McFarland Gould Law
850-617-6381

11/21/2011 8:54:46 AM PAGE 1/001 Fax Server

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November 21, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations
MCFARLAND GOULD LYONS SULLIVAN & HOGAN, P.A.

SUBJECT: CYPRESS MEDICAL CARE, LLC
REF: W11000058663

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

WE HAVE CYPRESS MEDICAL CARE, P.A., DOCUMENT #S83373,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Jeraline Saulsberry
Regulatory Specialist II

FAX Aud. #: H11000274265
Letter Number: 411A00026241

P.O BOX 6327 - Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY
OF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CYPRESS MEDICAL CARE, LLC

ARTICLE I: NAME AND MAILING ADDRESS

The name of the Limited Liability Company is **CYPRESS MEDICAL CARE, LLC**, and its principal office and mailing address is 3102 West Cypress Street, Suite A, Tampa, Florida 33607.

**ARTICLE II: REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT'S SIGNATURE**

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

Gary W. Lyons, Esquire
311 South Missouri Avenue
Clearwater, Florida 33756

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.


GARY W. LYONS, Registered Agent

ARTICLE III - MANAGEMENT

This Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed Company. The initial Manager shall be Tulsibhai Pipalia, 3102 West Cypress Street, Suite A, Tampa, Florida 33607.

Prepared By:
McParland, Gould, Lyons,
Sullivan & Hogan, P.A.
Gary W. Lyons, Esq.
FBN: 0268186
311 S. Missouri Avenue
Clearwater, FL 33756
(727) 461-1111

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H11000274265 3

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.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization for Florida Limited Liability Company this 17th day of November, 2011.

Tulsibhai P. Pipla
TULSIBHAI PIPALIA
Titled: Authorized Member/Manager

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TALLAHASSEE, FLORIDA

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