

L110001411237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

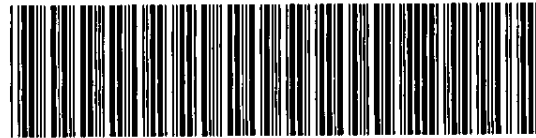
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DIVISION OF CORPORATIONS
2011 DEC 16 PM 12:51
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SUFFICIENCY OF FILING

FILED
11 DEC 16 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: Physician Captive Management, LLC

The enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Blake Hayward, Esq.
Hayward & Grant, P.A.
2121 Killarney Way, Suite G
Tallahassee, FL 32309

E-mail address (to be used for future annual report notification): blakehayward@haywardgrant.com

For further information concerning this matter, please call:

Blake Hayward, Esq. at (850) 386-4400

Enclosed is a check for the following amount: \$125.00 Filing Fee

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION
OF
PHYSICIAN CAPTIVE MANAGEMENT, LLC**

ARTICLE I - NAME

The name of the limited liability company is Physician Captive Management, LLC.

ARTICLE II - ADDRESS

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

Principal Office Address:
1963-A Village Green Way
Tallahassee, FL 32308

Mailing Address:
1963-A Village Green Way
Tallahassee, FL 32308

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Blake Hayward
2121-G Killarney Way
Tallahassee, FL 32308

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..



Blake Hayward

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11 DEC 16 PM 12:58
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TALLAHASSEE, FLORIDA

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

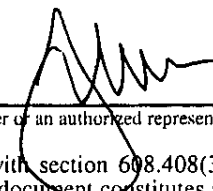
MGR

John D. McCann
1963-A Village Green Way
Tallahassee, FL 32308

MGR

Matt Thompson
8554 Big Bend Blvd.
St. Louis, MO 63119

REQUIRED SIGNATURE:



Signature of a member or an 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.)

John D. McCann

Typed or printed name of signee