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T. CLINE  
JUL -9 2012

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** Kim Weidenbach

**DATE:** 07/06/12

**REF. #:** 000650.169270

**CORP. NAME:** SOUTH DADE NEONATOLOGY, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK#** 100043 **FOR \$** 155.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

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**ARTICLES OF ORGANIZATION  
OF  
SOUTH DADE NEONATOLOGY, LLC**

**ARTICLE I  
Name**

The name of the Limited Liability Company is **SOUTH DADE NEONATOLOGY, LLC** (the "Company").

**ARTICLE II  
Address**

The mailing address and street address of the principal office of the Company is located at 215 Grand Avenue, Coral Gables, Florida 33133.

**ARTICLE III  
Registered Agent**

The name of the Company's registered agent in the State of Florida is Alex B. Koetzle, M.D. and the address of the Company's registered office is 215 Grand Avenue, Coral Gables, Florida 33133.

**ARTICLE IV  
Duration**

The period of duration for the Company shall be perpetual.

**ARTICLE V  
Management**

The Company is to be a manager-managed company and the names and addresses of the initial managers are:

Omar J. Costa, M.D.  
215 Grand Avenue  
Coral Gables, Florida 33133

Gisela Diaz-Monroig, M.D.  
215 Grand Avenue  
Coral Gables, Florida 33133

Manuel A. Campo, M.D.  
215 Grand Avenue  
Coral Gables, Florida 33133

Ernesto Valdes, M.D.  
215 Grand Avenue  
Coral Gables, Florida 33133

Bernardo Pimentel, M.D.  
215 Grand Avenue  
Coral Gables, Florida 33133

Alex B. Koetzle, M.D.  
215 Grand Avenue  
Coral Gables, Florida 33133

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**ARTICLE VI**  
**Admission of Additional Members**

Members shall have the right to admit additional members as provided by the Company's Operating Agreement.

**ARTICLE VII**  
**Members' Rights to Continue Business**

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any member shall not cause the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event, the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.

MEMBER:



Alex B. Koetzle, M.D.

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CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.407 OR 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **SOUTH DADE NEONATOLOGY, LLC**
2. The name and address of the registered agent and office is: **Alex B. Koetzle, M.D., 215 Grand Avenue, Coral Gables, Florida 33133.**

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent.*



Alex B. Koetzle, M.D.

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