

L12000105017

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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JB



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2012 AUG 14 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 15 2012

EXAMINER

# BRENNAN, MANNA & DIAMOND

## ATTORNEYS & COUNSELORS AT LAW

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Bonita Springs, Florida 34134  
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JACKSONVILLE OFFICE  
800 West Monroe Street  
Jacksonville, Florida 32202  
Telephone 904-366-1500  
Facsimile 904-366-1501

Tracy R. Miller  
Phone: (330) 253 – 5060 ext. 105  
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trmiller@bmdllc.com

**VIA FEDEX DELIVERY**  
**TRACKING NO.: #7987 2535 4065**

August 13, 2012

Florida Secretary of State  
Attn: Joey Bryan  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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2012 AUG 14 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RE: Ortho Alliance, LLC**

Dear Mr. Bryan:

Per our conversation on Monday, August 13, 2012, enclosed please find a check paid to the order of the Florida Secretary of State to replace the check that was originally sent for the filing fee for the *Articles of Organization* for the above referenced entity, along with a copy of the original filing.

Thank you for your time and attention to this matter. Please feel free to contact me with any questions you may have.

Very truly yours,



Tracy R. Miller  
Paralegal

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ortho Alliance, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Richard D. Brock

Name of Person

LBA Certified Public Accountants, PA

Firm/Company

501 Riverside Avenue, Suite 800

Address

Jacksonville, FL 32202

City/State and Zip Code

rbrock@thelbagroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard D. Brock

Name of Person

at 904 224-9785

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

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

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Ortho Alliance, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

501 Riverside Avenue  
Suite 800  
Jacksonville, FL 32202

**Mailing Address:**

501 Riverside Avenue  
Suite 800  
Jacksonville, FL 32202

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Richard D. Brock

Name

501 Riverside Avenue, Suite 800

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32202

City, State, and Zip

*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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Kevin P. Murphy, MD  
10475 Centurion Parkway North  
Jacksonville, Florida 32256

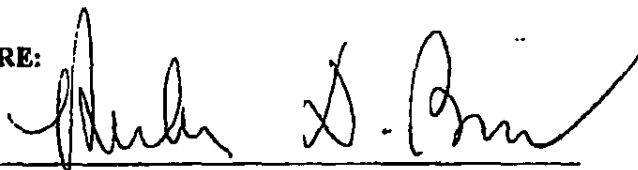
MGRM

Rahul V. Deshmukh  
10475 Centurion Parkway North  
Jacksonville, Florida 32256

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Richard D. Brock, Authorized Representative

*Typed or printed name of signer*

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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2012 AUG 14 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA