

Division of Corporations

Page 1 of 1

L12000107762

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.

(((H12000209341 3)))



H120002093413ABCW

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 : REZNICSEK, FRASER, WHITE, & SHAFFER
Account Number : I20030000107
Phone : (904) 567-1060
Fax Number : (904) 567-1065

RECEIVED
12 AUG 21 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
North Florida OB GYN, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

D. BRUCE

AUG 22 2012

EXAMINER

APPROVED
AND
FILED

12 AUG 21 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H12000209341 3

**ARTICLES OF ORGANIZATION
OF
NORTH FLORIDA OB GYN, LLC**

Pursuant to section 608.407 of the Florida Limited Liability Company Act, Florida Statutes, as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

**ARTICLE I
NAME**

The name of the limited liability company is North Florida OB GYN, LLC (the "Company").

**ARTICLE II
DURATION**

Unless earlier terminated pursuant to the Act or the Operating Agreement (as defined in § 608.402 (24) of the Act) of the Company, the period of its duration shall be perpetual.

**ARTICLE III
ADDRESS**

The mailing and street address of the principal office of the Company shall be 11437 Central Parkway, Suite 105, Jacksonville, Florida 32224.

**ARTICLE IV
REGISTERED AGENT AND OFFICE**

The initial registered office of the Company shall be 11437 Central Parkway, Suite 105, Jacksonville, Florida 32224, and its initial registered agent at such office shall be Sande Doolittle.

**ARTICLE V
MANAGEMENT OF THE COMPANY**

The Company will be managed by its members in accordance with and subject to the requirements of the Act and Operating Agreement of the Company. The name and street address of the sole member of this Company is:

Name

Address

North Florida Obstetrical &
Gynecological Associates, P.A.

11437 Central Parkway, Suite 105
Jacksonville, Florida 32224

H12000209341 3

APPROVED
AND
FILED

12 AUG 21 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H12000209341 3

IN WITNESS WHEREOF, the undersigned members of the Company have executed these Articles of Organization on behalf of the Company in accordance with § 608.407 of the Act.

Dated this 15 day of August, 2012.

North Florida Obstetrical &
Gynecological Associates, P.A.
Its: Sole Member

By: 

C. Cameron Greene, M.D., President

APPROVED
AND
FILED

12 AUG 21 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H12000209341 3

**CERTIFICATE DESIGNATING REGISTERED OFFICE
AND
REGISTERED AGENT FOR THE SERVICE OF PROCESS
WITHIN FLORIDA**

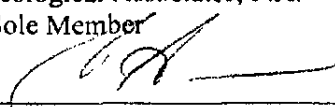
In compliance with Chapter 608, Florida Statutes, as amended from time to time (the "Act"), the following is submitted:

North Florida OB GYN, LLC, desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Act, hereby designates Sande Doolittle as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 11437 Central Parkway, Suite 105, Jacksonville, Florida 32224.

Dated this 15 day of August, 2012.

North Florida Obstetrical &
Gynecological Associates, P.A.

Its: Sole Member

By: 
C. Cameron Greene, M.D., President

12 AUG 21 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Having been named as registered agent to accept service of process for the above stated limited liability company, at the place designated in this certificate, I hereby agree to 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.

Dated this 15 day of August, 2012.


Sande Doolittle, Registered Agent

H12000209341 3