

# L12000141143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

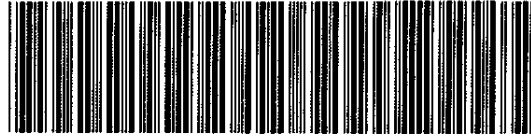
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800241393728

11/06/12--01014--007 \*\*125.00

FILED

12 NOV - 6 AM 11:44

SEAL ACT OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan NOV - 7 2012

(850) 245-6051

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Healthnet Acquisition, 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:

**James B. Bogner**

Name of Person

**Mateer & Harbert, PA**

Firm/Company

**PO Box 2854**

Address

**Orlando, FL 32802-2854**

City/State and Zip Code

**jbogner@mateerharbert.com**

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

For further information concerning this matter, please call:

**James B. Bogner**

Name of Person

at **407 425-9044**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**ARTICLES OF ORGANIZATION  
OF  
HEALTHNET ACQUISITION, LLC**

FILED  
12 NOV -6 AM 11:44  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 608 et seq., *Florida Statutes*, does hereby certify as follows:

**ARTICLE I: NAME**

The name of the limited liability company is HEALTHNET ACQUISITION, LLC (the "Company").

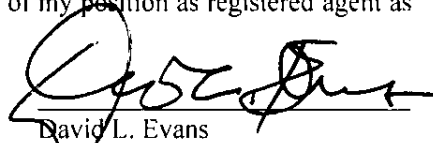
**ARTICLE II: ADDRESS**

The mailing address and street address of the principal office of the Company are 1414 Kuhl Avenue, Attn: Chief Executive Officer MP-1, Orlando, Florida 32806

**ARTICLE III: REGISTERED AGENT AND REGISTERED OFFICE**

The name and Florida street address of the registered agent are David L. Evans, Mateer & Harbert, P.A., 225 E. Robinson Street, Suite 600, Orlando, Florida 32801

Having been named as registered agent and to accept service of process for **HEALTHNET ACQUISITION, LLC**, 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, *Florida Statutes*.

  
David L. Evans

**ARTICLE IV: MEMBER AND MEMBERSHIP UNITS**

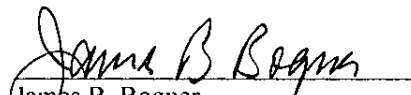
The Company's sole member and membership units are as stated in its Operating Agreement.

**ARTICLE V: MANAGEMENT**

The Company shall be managed by one or more managers as provided in the Operating Agreement. The initial Manager and his address are stated below:

Stephan J. Harr, 1414 Kuhl Avenue, Orlando, Florida 32806

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.

  
James B. Bogner  
Authorized Representative