

L13000024184

(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

FEB 15 2013

G. McLEOD



600244450866

02/15/13--01001--005 \*\*155.00

RECEIVED  
OFFICE OF STATE  
REGISTRATION  
2013 FEB 14 PM 3:17  
TO ALABAMA  
SUFFICIENCY OF FILING

FILED  
13 FEB 14 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

**CONTACT:** RICKY SOTO

**DATE:** 02/14/2013

**REF. #:** 000650.180980

**CORP. NAME:** FELIX E. GUZMAN, M.D., L.L.C.

- |  |   |   |
|--|---|---|
| <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#** 103443 **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

**ARTICLES OF ORGANIZATION  
OF  
FELIX E. GUZMAN, M.D., L.L.C.**

**ARTICLE I  
Name**

The name of the Limited Liability Company is Felix E. Guzman, M.D., L.L.C. (the "Company").

**ARTICLE II  
Address**

The mailing address and the street address of the principal office of the Company is 12600 SW 120<sup>th</sup> Street, Suite 105, Miami, Florida 33186-9066.

**ARTICLE III  
Registered Agent**

The name of the Company's registered agent in the State of Florida is Felix E. Guzman, M.D. and the address of the Company's registered office is 12600 SW 120<sup>th</sup> Street, Suite 105, Miami, Florida 33186-9066.

**ARTICLE IV  
Duration**

The period of duration for the Company shall be perpetual.

**ARTICLE V  
Management**

The Company is to be a member-managed company and the name and address of the initial member is:

PrimeHealth Physicians, LLC  
9045 SW 87<sup>th</sup> Court  
Miami, Florida 33176

**FILED**  
13 FEB 14 AM 10:40  
CLERK OF COURT  
ALLAHBACH, FLORIDA

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

Members shall have the right to admit additional members as provided by the Florida Limited Liability Company Act by a vote of a majority-in-interest of the members.

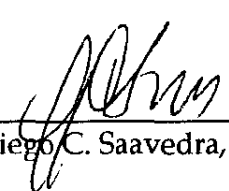
**ARTICLE VII**  
**Members' Rights to Continue Business**

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:**

PrimeHealth Physicians, LLC, a Florida limited liability company

By: \_\_\_\_\_

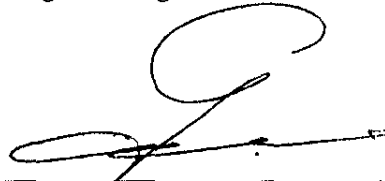
  
Diego C. Saavedra, M.D., Member

**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 Felix E. Guzman, M.D., L.L.C.
2. The name and address of the registered agent and office is: Felix E. Guzman, M.D., 12600 SW 120<sup>th</sup> Street, Suite 105, Miami, Florida 33186-9066.

*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.*



---

Felix E. Guzman, M.D.

FELIX E. GUZMAN, MD, P.A.  
12600 SW 120<sup>TH</sup> STREET, SUITE 105  
MIAMI, FL 33186

---

January 24, 2013

Florida Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Formation of Felix E. Guzman, M.D., L.L.C.**

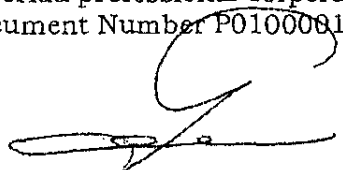
Dear Sir or Madam:

The undersigned, as President of Felix E. Guzman, MD, P.A., a Florida professional corporation, registered under Document Number P01000017132, hereby authorizes use of the name "Felix E. Guzman, M.D., L.L.C.", by a to-be-formed Florida limited liability company filing Articles of Organization in Florida. Any potential name conflicts are hereby waived.

Thank you.

Sincerely,

Felix E. Guzman, MD, P.A.,  
a Florida professional corporation  
Document Number P01000017132

By:   
Felix E. Guzman, M.D., President