

L13000062856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

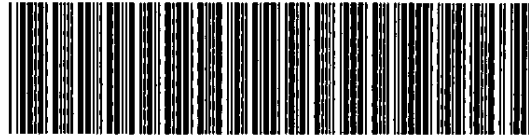
(Business Entity Name)

(Document Number)

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

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2013 APR 29 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W13-13483

APR 30 2013

J. BRYAN

(850) 245-6051.

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **Comprehensive Medical Services, L.L.C.**  
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:

**Jerry Snider**

Name of Person

**Harris, Guidi, Rosner, Dunlap, & Rudolph P.A.**

Firm/Company

**1837 Hendricks Ave**

Address

**Jacksonville, FL 32223**

City/State and Zip Code

**snider@harrisguidi.com**

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

For further information concerning this matter, please call:

**Jerry Snider**

Name of Person

at ( **904** ) **777 7777**

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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2013 APR 23 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 7, 2013

JERRY SNIDER  
HARRIS, GUIDI, ROSNER, DUNLAP & RUDOLPH  
1837 HENDRICKS AVE  
JACKSONVILLE, FL 32223

SUBJECT: COMPREHENSIVE MEDICAL SERVICES, L.L.C.  
Ref. Number: W13000013483

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2013 APR 29 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for COMPREHENSIVE MEDICAL SERVICES, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is #L08000018124, COMPREHENSIVE MEDICAL SERVICES LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan  
Regulatory Specialist II

Letter Number: 713A00005460

*Law Offices*  
**HARRIS • GUIDI**

.....  
**ROSNER • DUNLAP • RUDOLPH, P.A.**

*Attorneys at Law*

1837 HENDRICKS AVENUE  
JACKSONVILLE, FLORIDA 32207  
PHONE: 904-777-7777 FAX: 904-389-1718  
[WWW.HARRISGUIDI.COM](http://WWW.HARRISGUIDI.COM)  
snider@harrisguidi.com  
1-888-282-4520

DAVID M. DUNLAP  
HOLLY G. DUNLAP  
JASON T. ELLIS  
DENNIS E. GUIDI \*  
PAOLA PARRA HARRIS  
ROBERT M. HARRIS

JONATHAN B. ISRAEL  
ALAN E. ROSNER  
MICHAEL D. RUDOLPH †  
T. JERRY SNIDER  
CHRISTOPHER T. WILSON

\*Circuit Civil Mediator

† Board Certified - Workers Compensation

**April 24, 2013**

**Florida Department of State  
Division of Corporations  
ATTN: Joey Bryan, Regulatory Specialist II  
P.O. Box 6327  
Tallahassee, Florida 32314**

**Re: Ref No.: W13000013483**

**Dear Mr. Bryan:**

We received your letter of March 7, 2013 and have corrected the requested information. Should you require anything further, please do not hesitate to give me call.

Very truly yours,



**T. JERRY SNIDER**

TJS:kh  
Enclosures

**FILED**  
2013 APR 29 PM 1:04  
TALLAHASSEE  
FLORIDA  
DEPARTMENT OF STATE

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

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

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TALLAHASSEE, FLORIDA

## ARTICLE II - Address:

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

### Principal Office Address:

165 Southpark Blvd

St. Augustine, FL 32086

### Mailing Address:

165 Southpark Blvd

St. Augustine, FL 32086

## 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:

Jerry Snider

Name

1837 Hendricks Ave

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

Jacksonville, FL 32207

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)

**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:**

MGR

Scott Michaels M.D.

165 Southpark Blvd

St. Augustine, FL 32086

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TALLAHASSEE, FLORIDA

(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.)

Scott Michaels

Typed or printed name of signee

**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)