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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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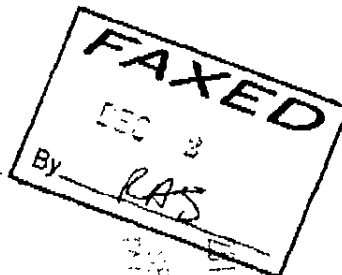
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MICHAEL D. HONLICK, P.A.
Account Number : 072100000126
Phone : (941) 484-5656
Fax Number : (941) 484-1650



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

Email Address: tjcorey@nyc.rr.com

FLORIDA LIMITED LIABILITY CO.
Boca Grande Dermatology, PLLC

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December 6, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MICHAEL D HORLICK

SUBJECT: BOCA GRANDE DERMATOLOGY, PLLC
REF: W13000066727

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific purpose of the entity must be set forth in the document.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H13000263939
Letter Number: 213A00027794

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13 DEC -6 AM 9:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fax Audit #: H130002639393

**ARTICLES OF ORGANIZATION
OF
BOCA GRANDE DERMATOLOGY, PLLC**

(A Florida Professional Limited Liability Company)

The undersigned organizer hereby adopts these Articles of Organization for the purpose of forming a Professional Limited Liability Company under The Florida Limited Liability Company Act, Chapter 608 of the Florida Statutes and the Professional Service Corporation and Limited Liability Company Act, Chapter 621 of the Florida Statutes (the "Acts").

1. **NAME.** The name of this limited liability company (the "Company") is **BOCA GRANDE DERMATOLOGY, PLLC.**

2. **EFFECTIVE DATE AND DURATION.** The existence of the Company shall commence on December 2, 2013. The period of duration of the Company shall be perpetual.

3. **PURPOSE.** The purpose and business of the Company shall be to engage in the practice of medicine in the State of Florida and any lawful act or activity which may be carried on by a professional limited liability company under the Acts.

4. **MAILING ADDRESS AND STREET ADDRESS OF PRINCIPAL OFFICE.** The mailing address of the Company is: P.O. Box 1883, Boca Grande, Florida 33921. The street address of the principal office of the Company is: 1314 East Venice Avenue, Suite D, Venice, Florida 34285.

5. **REGISTERED AGENT.** The name and street address of the initial Registered Agent of the Company is: Michael D. Horlick, 1314 East Venice Avenue, Suite D, Venice, Florida 34285.

6. **MANAGEMENT BY MANAGER.** A Member of the Company shall not be a Manager by virtue of his or her status as a Member. The Company shall be managed by one or more Managers appointed by the Member. The name and address of the initial Manager who shall manage the Company is as follows:

- Timothy J. Corey, M.D., P.O. Box 1883, Boca Grande, Florida 33921

7. **ADDITIONAL MEMBERS.** New Members may be admitted only upon the unanimous written consent of the Members and in accordance with restrictions set forth in the Operating Agreement of the Company.

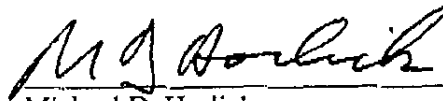
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Michael D. Horlick, P.A.
1314 E. Venice Avenue, Suite D
Venice, Florida 34285
(941) 484-5656
FL BAR #: 0292583

Fax Audit #: H130002639393

8. **LIMITED LIABILITY.** No Member or Manager or agent of the Company shall be liable under a judgment or decree, or order of a court, or in any other manner for any debt, obligation, or liability of the Company.

IN WITNESS WHEREOF the undersigned, as Authorized Agent, hereby executes these Articles of Organization this 2nd day of December, 2013.



Michael D. Horlick

"Authorized Agent"

2013 DEC -6 PM 9:00
FALLS CHURCH, VA
FALLS CHURCH, VA

Fax Audit #: H130002639393

BOCA GRANDE DERMATOLOGY, PLLC

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

Having been designated Registered agent to accept service of process for the above stated **BOCA GRANDE DERMATOLOGY, PLLC**, at the place designated in this Certificate, the undersigned Michael D. Horlick, whose address is 1314 East Venice Avenue, Suite D, Venice, Florida 34285, does hereby accept the designation and agree to act in that capacity, and agrees to comply with the provisions of Florida Statutes relative thereto.

DATED: December 2, 2013



Michael D. Horlick, Registered Agent

2013 DEC -6 AM 9:00
STATE OF FLORIDA
HALL COUNTY CLERK