

L14 000008149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

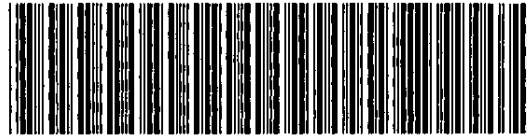
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/18/13--01016--027 **125.00

JAN 16 2014
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2014 JAN 15 AM 8:52
SECRETARY OF STATE
HALLMARK CENTER
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2013

ELIZABETH MCCORMACK
14 WEST JORDAN ST., STE. C
PENSACOLA, FL 32501

SUBJECT: COMPREHENSIVE CARE MEDICAL GROUP, LLC
Ref. Number: W13000069212

We have received your document for COMPREHENSIVE CARE MEDICAL GROUP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on December 18, 2013. Please amend your document accordingly.

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.

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.

Tammi Cline
Regulatory Specialist II

Letter Number: 113A00028827

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(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COMPREHENSIVE CARE MEDICAL GROUP
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:

ELIZABETH E. MCCORMACK, ARNP

Name of Person

COMPREHENSIVE CARE MEDICAL GROUP

Firm/Company

14 WEST JORDAN ST., STE C

Address

PENSACOLA, FL 32501

City/State and Zip Code

NURSEPRACTITIONERONCALL@GMAIL.COM

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

For further information concerning this matter, please call:

BENJAMIN F. BATES, PH.D.

Name of Person

at **(850) 434-0077**

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 &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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TALLAHASSEE, FL 32301

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COMPREHENSIVE CARE MEDICAL GROUP

BARRY A. BARRETT, MD

ELIZABETH MCCORMACK, FPMHNP, FNP-C

January 6, 2014

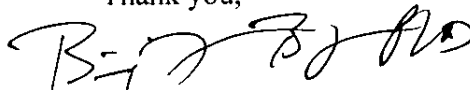
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Comprehensive Care Medical Group
Ref. #: W13000069212

Please find enclosed a re-executed Articles of Organization for Comprehensive Care Medical Group. The date of organization should be the date of receipt of the filing. The \$125 fee is already on-account with your office.

Please call should you have any questions.

Thank you,



Benjamin F. Bates, Ph.D.
Executive Administrator

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FLORIDA DEPARTMENT OF STATE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COMPREHENSIVE CARE MEDICAL GROUP, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

14 W JORDAN ST STE C

PENSACOLA, FL 32501

14 W JORDAN ST STE C

PENSACOLA, FL 32501

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:

ELIZABETH E. MCCORMACK, ARNP

Name

14 W JORDAN ST STE C

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

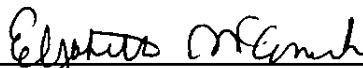
PENSACOLA,

City

FL 32501

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR AMBR

Name and Address:

Elizabeth E. McCormack, ARNP

14 W Jordan St Ste C

Pensacola, FL 32501

MGR

Jane E. McCormack

14 W Jordan St Ste C

Pensacola, FL 32501

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Jane McCormack

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Jane E. McCormack, Manager

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)

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FALLING SPRING, FLORIDA