

L14000081139

407581-9801

DIVISION OF CORPORATIONS

02:42:33 p.m.

5/19/2014

1/3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000118499 3)))



H140001184993ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : SHUFFIELD LOWMAN
Account Number : I20030000118
Phone : (407) 581-9800
Fax Number : (407) 581-9801

FILED
2014 MAY 19 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: REGISTEREDAGENT@SHUFFIELDLOWMAN.COM

FLORIDA LIMITED LIABILITY CO.
SMARTMED OF VOLUSIA COUNTY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

14 MAY 19 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
MAY 20 2014

Electronic Filing Menu

Corporate Filing Menu

Help

(((H14000118499 3)))

FILED

2014 MAY 19 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
SMARTMED OF VOLUSIA COUNTY, LLC
A Florida Limited Liability Company**

**ARTICLE I
NAME**

The name of this limited liability company is SMARTMED OF VOLUSIA COUNTY, LLC, referred to in these Articles of Organization as the "Company."

**ARTICLE II
MAILING AND STREET ADDRESS**

The street address of the principal office of the Company is as follows:

1200 Edgewater Drive
Orlando, FL 32804

The mailing address of the principal office of the Company is as follows:

1200 Edgewater Drive
Orlando, FL 32804

**ARTICLE III
COMMENCEMENT OF COMPANY'S EXISTENCE**

In accordance with Section 605.0207, Florida Statutes, the Company's existence shall be deemed to have commenced on the date and at the time the record is filed as evidenced by the Florida Department of State's endorsement of the date and time on the record.

**ARTICLE IV
REGISTERED AGENT**

The name and Florida street address of the initial Registered Agent are as follows:

William R. Lowman, Jr., Esq.
Shuffield, Lowman & Wilson, P.A.
1000 Legion Place, Suite 1700
Orlando, FL 32801

(((H14000118499 3)))

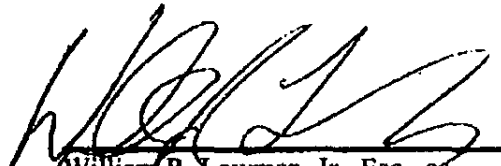
**ARTICLE V
MANAGEMENT**

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

Title	Name and Address
Manager	Smartmed Management, LLC 1200 Edgewater Drive Orlando, FL 32804

**ARTICLE VI
APPLICABLE LAW**

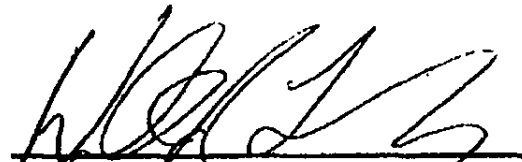
The Company is created pursuant to Chapter 605, Florida Statutes, and shall be governed by the laws of the State of Florida.



William R. Lowman, Jr., Esq., as
Authorized Representative**ACCEPTANCE OF DESIGNATION
OF
REGISTERED AGENT**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

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 of the Florida Statutes.



William R. Lowman, Jr., Esq.