

Division of Corporations

Page 1 of 1

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.

(((H14000145974 3)))



H140001459743ABC2

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 : ROGERS, TOWERS, BAILEY, ET AL
Account Number : 076666002273
Phone : (904) 398-3911
Fax Number : (904) 396-0663

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUN 18 AM 8:40

FILED

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
New Life Surgical Associates, PLLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

JUN 19 2014

T CLINE

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

14 JUN 18 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H14000145974

**ARTICLES OF ORGANIZATION
OF
NEW LIFE SURGICAL ASSOCIATES, PLLC**

These Articles of Organization are submitted for the purpose of forming a professional limited liability company pursuant to the Florida Revised Limited Liability Company Act, Chapter 605, Florida Statutes, and the Florida Professional Service Corporations and Limited Liabilities Companies Act, Chapter 621, Florida Statutes, as the same may from time to time be amended, superseded or replaced (the "Acts").

ARTICLE I - NAME

The name of this professional limited liability company (the "Company") is **NEW LIFE SURGICAL ASSOCIATES, PLLC**.

ARTICLE II - ADDRESS

The address of the principal office and mailing address of the Company is 12387 Royal Troon Lane, Jacksonville, Florida 32224.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 12387 Royal Troon Lane, Jacksonville, Florida 32224, and the name of its initial registered agent at such address is Dr. Sunil Sharma.

ARTICLE IV - PURPOSE

The purpose of the Company is to render professional medical services.

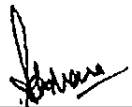
ARTICLE IV - MANAGEMENT OF THE COMPANY

The Company is to be managed by one or more managers and is, therefore, a manager-managed company.

ARTICLE V - LIMITED LIABILITY

Except as otherwise expressly provided by the Acts, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

IN WITNESS WHEREOF, the undersigned, being the manager of the Company, has executed these Articles of Organization this 17th day of June, 2014. In accordance with Section 605.0205(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Dr. Sunil Sharma, Manager

H14000145974

H14000145974

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the below named professional 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.

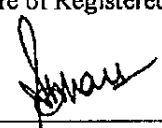
1. The name of the professional limited liability company is:
NEW LIFE SURGICAL ASSOCIATES, PLLC
2. The name and address of the registered agent and office are:
**DR. SUNIL SHARMA
12387 ROYAL TROON LANE
JACKSONVILLE, FLORIDA 32224**

2014 JUN 18 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED PROFESSIONAL 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.

Dated: June 17, 2014

Signature of Registered Agent



Dr. Sunil Sharma

H14000145974