

L14000098285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

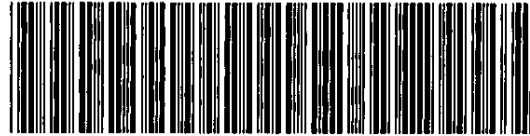
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE FLORIDA

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07/16/14



DIALYSIS CLINIC, INC.

A Non-Profit Corporation

H. Keith Johnson, M.D., Chairman of the Board
Douglas S. Johnson, M.D., Vice Chairman of the Board
Ed Attrill, President
William E. Wood, Secretary and Treasurer

June 16, 2014

1633 Church Street
Suite 500
Nashville, TN 37203
Phone: (615) 327-3061
Fax: (615) 329-2513

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Nephrology Consultants of Jacksonville, LLC

Dear Sir or Madam,

Please find enclosed the Articles of Organization for Florida Limited Liability Company for the above referenced LLC name and a check in the amount of \$160.00 for the required filing fee, certificate of status and certified copy.

Thank you for your consideration and help with this matter, it is greatly appreciated. If you have any questions, please give me a call at 615-342-0424.

Sincerely,

Patricia Bielefeld
Legal Assistant
1633 Church St., Ste. 500
Nashville, TN 37203
Patricia.Bielefeld@dcinc.org

enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nephrology Consultants of Jacksonville, LLC
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:

Bill Wood

Name of Person

Dialysis Clinic, Inc.

Firm/Company

1633 Church Street, Suite 500

Address

Nashville, Tennessee 37203

City/State and Zip Code

Bill.Wood@dcinc.org

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

For further information concerning this matter, please call:

Stephen Roberts

Name of Person

at (615)

Area Code

342-0454

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nephrology Consultants of Jacksonville, 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:

3129 Hendricks Avenue
Jacksonville, Florida 32207

3129 Hendricks Avenue
Jacksonville, Florida 32207

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:

CT Corporation System

Name

1200 South Pine Island Road

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

Plantation

FL 33324

City

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.

C T Corporation System

By: Michael Seraphin Michael Seraphin Asst. Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Bill Wood

1633 Church Street, Suite 500

Nashville, Tennessee 37203

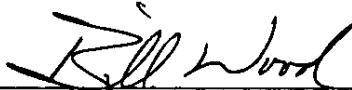
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.)

Bill Wood

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)