

L15000020884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

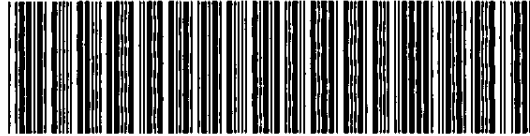
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500268542455

01/27/15--01024--024 \*\*125.00

FILED  
15 JAN 27 AM 8:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

J. Shivers FEB 04 2015

# HARRISON & KIRKLAND, P.A.

A FULL SERVICE LAW FIRM SINCE 1937

George H. Harrison (1923 - 2013)

G. Joseph Harrison  
Thomas W. Harrison  
W. Nelson Kirkland  
Charles J. Pratt, Jr.

Sean P. Flynn  
Benjamin R. Hunter  
James W. Popa



1206 Manatee Avenue West  
Bradenton, Florida 34205  
T: 941.746.1167  
F: 941-746-9229  
www.manalaw.com

Please Reply to:  
P.O. Box 400  
Bradenton, Florida 34206

January 21, 2015

Secretary of State  
Corporate Division  
Annual Reports Section  
Post Office Box 6327  
Tallahassee, FL 32314

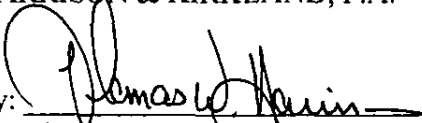
Re: Free Physician on Call, LLC

Ladies or Gentlemen:

Enclosed is a cover letter together with the Articles of Organization in duplicate for the above captioned LLC, together with a check in the amount of \$125.00 representing the filing fee. Please return a copy of the Articles to this office in the enclosed self-addressed, stamped envelope.

Very truly yours,

HARRISON & KIRKLAND, P.A.

By:   
Thomas W. Harrison

TWH:gb  
Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FREE PHYSICIAN ON CALL, 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:

THOMAS W. HARRISON  
Name of Person

HARRISON & KIRKLAND, PA  
Firm/Company

P.O. BOX 400  
Address

BRADENTON, FL 34206  
City/State and Zip Code

tw@manalaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas W. Harrison at ( 941 ) 746-1167  
Name of Person 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 &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee &<br>Certificate of Status &<br>Certified Copy<br>(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

15 JAN 27 AM 8:11  
TALLAHASSEE, FLORIDA  
DIVISION OF STATE  
CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FREE PHYSICIAN ON CALL, 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:

407 6th AVENUE EAST  
BRADENTON, FL 34208

407 6th AVENUE EAST  
BRADENTON, FL 34208

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:

THOMAS W. HARRISON

Name

1206 MANATEE AVENUE WEST

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

BRADENTON

FL 34205

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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

15 JAN 27 AM 8:11  
SECRETARY OF STATE  
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

AMBR

**Name and Address:**

ORLANDO MALDONADO, MD

407 6th AVENUE EAST

BRADENTON, FL 34208

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

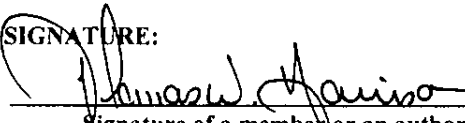
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(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.)

THOMAS W. HARRISON

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)

15 JAN 27 AM 8:11  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA