

L150006720FS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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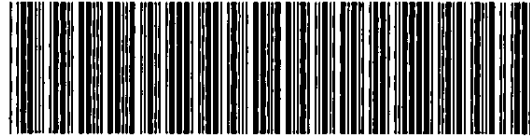
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 others APR 21 2015

LEONARD ALTERMAN

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April 14, 2015

Corporate Records Bureau
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, FL 32314

Re: Lakewood Medical Center, LLC

Gentlemen and Ladies:

I am enclosing an original and one copy of the Articles of Organization and Designation of Registered Agent of **LAKEWOOD MEDICAL CENTER, LLC**. Also enclosed is a check in the amount of \$125.00 as payment for the following amounts:

\$100.00 - Filing Fee
25.00 - Resident Agent Designation

The email address for this organization to be used for future annual report notification is: chiefchiro@aol.com

I would appreciate your returning the copy to me at your earliest convenience. Thank you for your attention to this matter.

Sincerely,



Leonard Alterman

LA/bjw
Enclosures
cc: Steven Warfield

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lakewood Medical Center, 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:

2222 W. University Blvd.
Jacksonville, FL 32217

Mailing Address:

2222 W. University Blvd.
Jacksonville, FL 32217

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:

Steven Warfield, D.C.

Name

2222 W. University Blvd.

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

Jacksonville

City

FL 32217

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 689, 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

Name and Address:

Steven Warfield, D.C.

2222 W. University Blvd.

Jacksonville, FL 32217

AMBR

David Troy Edenfield, D.C.

2222 W. University Blvd.

Jacksonville, FL 32217

AMBR

Wayne Houston, M.D.

2222 W. University Blvd.

Jacksonville, FL 32217

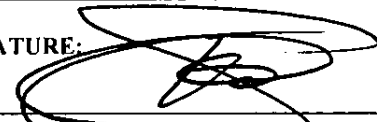
(Use attachment if necessary)

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.)

Steven Warfield, D.C.

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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