

**L15000139299**

Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
Complete Critical Care, P.L.L.C.**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$125.00

AUG 20 2015

S. GILBERT

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Complete Critical Care, P.L.L.C.**

**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:

**Michael E. Siegel, Esq.**

**Name of Person**

**Shutts & Bowen LLP**

**Firm/Company**

**46 N. Washington Blvd., Suite 1**

**Address**

**Sarasota, FL 34236**

**City/State and Zip Code**

**msiegel@shutts.com**

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

For further information concerning this matter, please call:

**Michael E. Siegel**

**941**

**552-3775**

**at ( )**

**Name of Person**

**Area Code**

**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,  
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**(additional copy is enclosed)**

**Mailing Address**

**New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**Street Address**

**New Filing 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:

Complete Critical Care, P.L.L.C.

(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:**

1990 Main Street, Suite 801  
Sarasota, FL 34236

**Mailing Address:**

1990 Main Street, Suite 801  
Sarasota, FL 34236

**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:

L.P.S. Corporate Services

Name

46 N. Washington Blvd., Suite 1

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

Sarasota

FL

34236

City

State

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)

**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:**

Janine M. Mylett, M.D.

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(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

The purpose of the Company shall be to engage in the practice of medicine and to do any and all things necessary, convenient or incidental to that purpose. The Company shall have the authority to do all things necessary or convenient to accomplish its purpose and operate its business.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Michael E. Siegel, Authorized Representative

Typed or printed name of signer

**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)