

**L18000055022**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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Office Use Only



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**18 MAR -1 AM 10:33**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**N CULLIGAN**

**MAR 6 2018**

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** SOUTH PRIME MEDICAL GROUP 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:

LUIS S. VERAS M.D.

Name of Person

Firm/Company

747 PONCE DE LEON BLVD, # 606

Address

CORAL GABLES, FL 33134

City/State and Zip Code

VERASLUIS@HOTMAIL.COM

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

For further information concerning this matter, please call:

LUIS S. VERAS M.D.

786

218-2062

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,  
Certificate of Status &  
Certified Copy  
(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:

SOUTH PRIME MEDICAL GROUP LLC

(Must contain 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:

747 PONCE DE LEON BLVD, STE # 606  
CORAL GABLES, FL 33134

SAME

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:

SAYOCKEY CONSULTING, P.A.

Name

9278 HEATHRIDGE DRIVE

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

WEST PALM BEACH FL 33411

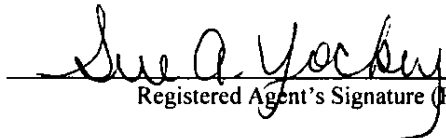
City

State

Zip

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*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:**

RICARDO A. GIRALA, MD

747 PONCE DE LEON BLVD #606

CORAL GABLES, FL 33134

AMBR

LUIS S. VERAS, MD

747 PONCE DE LEON BLVD #606

CORAL GABLES, FL 33134

ZOLIO RAFAEL ABAD, MD

747 PONCE DE LEON BLVD # 606

CORAL GABLES, FL 33134

RAMON G. IGLESIAS, MD

747 PONCE DE LEON BLVD #606

CORAL GABLES, FL 33134

(Use attachment if necessary)

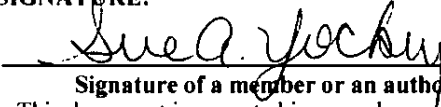
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

**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.

SUE ANN YOCKEY

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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TALLAHASSEE, FLORIDA

**ARTICLE IV- CONTINUED**

The Name and Address of each personal authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
HOMERO G. RIVERO, MD  
747 PONCE DE LEON BLVD, STE# 606  
CORAL GABLES, FL 33134

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\_\_\_\_\_  
\_\_\_\_\_  
JOSE SIMON BASAGOITIA, MD  
747 PONCE DE LEON BLVD, STE# 606  
CORAL GABLES, FL 33134

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
HENRY E. PAEZ, MD  
747 PONCE DE LEON BLVD, STE# 606  
CORAL GABLES, FL 33134

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\_\_\_\_\_  
\_\_\_\_\_  
LAZARO C. PRIEGUES, MD  
747 PONCE DE LEON BLVD, STE# 606  
CORAL GABLES, FL 33134

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\_\_\_\_\_  
\_\_\_\_\_  
JUAN ALBERTO PRIETO, MD  
747 PONCE DE LEON BLVD, STE# 606  
CORAL GABLES, FL 33134

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\_\_\_\_\_  
\_\_\_\_\_  
CIRO A. RAMIREZ, MD  
747 PONCE DE LEON BLVD, STE# 606  
CORAL GABLES, FL 3313

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\_\_\_\_\_  
\_\_\_\_\_  
ARIEL RAMIREZ NAVARRO, MD  
747 PONCE DE LEON BLVD, STE# 606  
CORAL GABLES, FL 3313

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\_\_\_\_\_  
\_\_\_\_\_  
DAGMAR R. LEMUS, MD  
747 PONCE DE LEON BLVD, STE# 606  
CORAL GABLES, FL 3313

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