Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Number: 104662003400 Phone: (516)935-3940 Fax Number: (516)935-3088

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FLORIDA LIMITED LIABILITY CO. ST. PETE MEDICAL ALLIANCE LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
ST. PETE MEDI	CAL ALLIANCE LLC	
(Must end with the words "I	Limited Liability Company, "L.L.C.," or "LLC.")	~-
ARTICLE II - Address: The mailing address and street address of the prir	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Malling Address:	
2729 STATE ROAD 580 CLEARWATER, FL 33761	2729 STATE ROAD 580 CLEARWATER, FL 33761	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida reg The name and the Florida street address of the reg	its own Registered Agent. You must designate an indi- gistration.)	NOT 61 APPENDING
ILIANA MAZE	Name	17
2729 STATE ROAL	D 580 O. Box <u>NOT</u> acceptable)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CLEARWATER	FI 33761	. 18 53 33 14 18 18 18 18 18 18 18 18 18 18 18 18 18
City	Zip	 .
the place designated in this certificate. I hereby capacity. I further agree to comply with the pro-	except service of process for the above stated limited liably accept the appointment as registered agent and agree visions of all statutes relating to the proper and complet the publications of my position as registered agent as put the proper for the proper of the proper of the proper and complete the publications of my position as registered agent as put the proper of the pro	to act in this te performance

Page 1 of 2

H19000189294 3

MGR = Manager AMBR MEDICAL UNITED LLC 2729 STATE ROAD 580 CLEARWATER. FL 33761	(Use attachment if necessary) E V: Effective date, if other than the date of filing:	AMBR MEDICAL UNITED LLC 2729 STATE ROAD 580 CLEARWATER. FL 33761	(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	(Use attachment if necessary) LE V: Effective date, if other than the date of filing: [Exercise date is listed, the date must be specific and cannot be more than five business days prior to or 9 of filing.) LE VI: Other provisions, if any.	<u>Title:</u> "AMBR" = Authorized	Name and Address; Member	
2729 STATE ROAD 580 CLEARWATER. FL 33761	(Use attachment if necessary) E V: Effective date, if other than the date of filing:	(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	"MGR" = Manager	MEDICAL HAUTED LLC	
CLEARWATER. FL 33761	(Use attachment if necessary) E V: Effective date, if other than the date of filing:	(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	AMBK		
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