Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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Account Name : FL PATEL LAW PLLC

Account Number : I20170000097 Phone

: (727)279-5037

Fax Number

: (727)888-1294

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Svarghese1971@gmail.com

FLORIDA LIMITED LIABILITY CO.

Florida Telemed Associates, PLLC

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COVER LETTER

Thursday, April 23, 2020

To: **New Filing Section** Division of Corporation

Subject:

Florida Telemed Associates, PLLC Name of Professional Limited Liability Company

The enclosed Articles of Organization and Fee(s) are submitted for filing. Please return all APR 24

FL Patel Law PLLC

360 Central Avenue

8th Floor

St. Petersburg, Florida 33701

Fav: 727,888,1204

Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:

Kalpesh Patel at 727-279-5037 or e-mail at Contact@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

ARTICLES OF ORGANIZATION

FOR

Florida Telemed Associates, PLLC

A

Florida Professional Limited Liability Company

<u>ARTICLE I.</u>

Name

The name of the Professional Limited Liability Company is: Florida Telemed Associates, PLLC (the Company).

ARTICLE II. **Address**

The street address of the principal office of the Company is:

1701 SE Hillmoor Drive Port Saint Lucie, Florida 34952

The mailing address of the Company is:

17278881294

P.O. Box 880623 Port Saint Lucie, Florida 34988

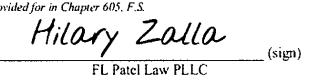
ARTICLE III.

Registered Agent, Registered office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

FL Patel Law PLLC 360 Central Avenue Suite 800 Saint Petersburg, Florida 33701

Having been named as registered agent and to accept service of process for the above stated Professional 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.





ARTICLE IV. Areas of Practice

The area of professional service of the Company are limited to the practice of medicine.

ARTICLE V. **Authorized Members and Managers**

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

<u>Title</u>	Name and Address
AMBR = Authorized Member MGR = Manager	
MGR	Dr. Sajan T. Varghese 1701 SE Hillmoor Drive Port Saint Lucie, Florida 34952

ARTICLE VI.

The Effective date shall be the date of filing.

(sign)

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.

> Dr. Sajan T. Varghese Authorized Representative/Member