

CORPORATION INFORMATION
SERVICE, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
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L95000000217

csc networks

MAIL TO:
P.O. Box 5020
TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE : 559239 9689A

AUTHORIZATION :

Patricia Pizub

COST LIMIT : \$ 285.00

ORDER DATE : March 13, 1995

1300001-4110135

ORDER TIME : 11:21 AM

ORDER NO. : 559239

CUSTOMER NO: 9689A

CUSTOMER: Deby Bartholow, Legal Asst.
ROBERT WOODY, ESQ

P. O. Box 34880

Omaha, NE 68134

DOMESTIC FILING

NAME: PHYSICIANS COLLABORATIVE, L.C.

XX ARTICLES OF ORGANIZATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrea Hamilton

EXAMINER'S INITIALS:

Dmc 3/17/95

FILED
95 MAR 17 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

FILED

50 MAR 17 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

PhytoLann Collaborative, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1370 13th Avenue South, Suite 214
Jacksonville Beach, Florida 32250

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:

(check and complete the appropriate statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

Carl S. Burak, MD
1370 13th Avenue South, Suite 214
Jacksonville Beach, FL 32250

Anjali A. Pathak, MD
836 Prudential Drive, Suite 1705
Jacksonville, FL 32207

Thomas R. Wikstrom, MD
836 Prudential Drive, Suite 1006
Jacksonville, FL 32207

David A. Orea, MD
4130 Salisbury Rd, Suite 1200
Jacksonville, FL 32216

Atul M. Shah, MD
1545 Haffingham Road
Jacksonville, FL 32216

Perry G. Carlos, MD
3649 Crown Point Court
Jacksonville, FL 32257

ARTICLE V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

Admission for value (purchase of shares at agreed upon price) subject to approval by a simple majority vote of the members; and

Any potential member must hold a valid active Florida Physician's License (issued pursuant to FS 458).

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Simple majority vote of the members.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____
_____Physicians Collaborative, L.C._____, deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 1,200.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is
\$ 0.00 . A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is
\$ 1,200.00 . This total includes amounts from 2 and 3 above.



Signature of a member or authorized representative of a member.
(In accordance with section 678.406(1), Florida Statutes, the execution of this affidavit
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FILING FEE: \$ 250 for Articles of Organization and Affidavit

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

FILED

95 MAR 17 PM 2:49

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OF-
FICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

Physicians Collaborative, L.C.

2. The name and address of the registered agent and office is:

Carl S. Durak, MD, JD

(Name)

1370 13th Avenue South, Suite 214

(P.O. Box not acceptable)

Jacksonville Beach, Florida 32250

(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.

Carl S. Durak

(Signature)

3/14/95

(Date)

FILING FEE: \$ 35 for Designation of Registered Agent