

L95000000556

Harold O. Miller
2033 Main Street
Suite 508
Sarasota, Florida 34237

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Florida Medical Care, L.L.C.
(Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

300001530013
-07/05/95--01054--001
***285.00 ***285.00

- ☐ Walk in ☐ Pick
☐ Mail out

RESUBMIT

NEW ARE, L.C.

Prof
N
Limited Liability
Domestication
Other

THIS NAME IS RESERVED
CAROL RINNEY - NAMED
IN THE ARTICLES

Change of Registered Agent
Dissolution/Withdrawal
Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

W95-13807
11261
1127504

FILED
95 JUL 21 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0191 FAX

000-342-8086



RECEIVED
95 JUL 18 AM 11:47
DIVISION OF CORPORATION

ACCOUNT NO. : 072100000032

REFERENCE : 643546 158152A

AUTHORIZATION : *Patricia P. Pitt*

COST LIMIT : \$ 205.00

ORDER DATE : July 18, 1995

ORDER TIME : 10:57 AM

ORDER NO. : 643546

CUSTOMER NO: 158152A

200001539992

CUSTOMER: Mr. Harold O. Miller
HAROLD O. MILLER

Suite 250
400 South Tamiami Trail
Venice, FL 34285

DOMESTIC FILING

NAME: FLORIDA MEDICAL CARE, L.C.

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XXX LIMITED LIABILITY COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XXX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Danny G. Smith

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE

July 18, 1995

Sandra B. Mortham
Secretary of State

CSC NETWORKS
1201 HAYS STREET
TALLAHASSEE, FL 32301

SUBJECT: FLORIDA MEDICAL CARE, L.C.
Ref. Number: W95000013807

We have received your document for FLORIDA MEDICAL CARE, L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the limited liability company will be managed by a manager or managers, a statement to that effect is required as well as the names and street addresses of such managers who are to serve as managers; or if the management is reserved to the members, a statement to that effect is required as well as the names and street addresses of the managing members.

An affidavit is required pursuant to section 608.407(2), Florida Statutes, declaring the following: (1) the limited liability company has at least two members; (2) the actual amount of cash contributions; (3) the agreed value of any property other than cash contributed; and (4) the total amount of cash or property anticipated to be contributed by the members.

The name you are requesting is unavailable, since it has been reserved by another individual. In order to use the name you must obtain their release. When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular corporate name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6932.

Teresa Brown
Corporate Specialist

Letter Number: 995A00034376

FLORIDA MEDICAL CARE, L.C.
ARTICLES OF ORGANIZATION
A LIMITED LIABILITY COMPANY

FILED
95 JUL 21 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article 1 NAME

The name of this limited liability company will be:
Florida Medical Care, L.C.

Article 2 DURATION

This limited liability company shall exist for a period of 29 years and 360 days from the date of its filing with the Department of State of Florida.

Article 3 PURPOSE

This limited liability company shall engage in or transact any or all lawful activities or business permitted under the Laws of The United States, The State of Florida, or any other state, county, territory, or nation.

Article 4 ADDRESS AND REGISTERED AGENT

The address of the place of business of this limited liability company shall be:

Harold O. Miller, Registered Agent
400 S. Tamiami Trail
Suite 250
Venice, Florida 34285

Article 5 CONTRIBUTION

The initial amount to be contributed to the limited liability company shall not exceed \$100,000.00. Additional contributions in cash and other assets may be made during the lifetime of the company.

Article 6 ADDITIONAL MEMBERS

The then existing members shall have the right by a majority vote of the existing members to admit new members. The terms under which new members are admitted will be determined by a simple majority vote of the members.

Article 7 TERMINATION OF MEMBERS

A member may terminate his or her membership in the limited liability company by providing to the manager of the company a letter in which the member indicates their desire to terminate his or her membership in the company. The value of the terminating members membership in the limited liability company shall be paid to him or her within 90 days of said termination. The termination of a member in the limited liability company shall not affect the continuation of the company. Upon the death of a member of the limited liability company the company shall purchase the deceased members membership for a fair market value.

Article 8 INITIAL MEMBERS

The corporation shall be managed by the members.

The initial members of this limited liability company shall be:

Emily Dilliplane
and
Carol Kinney
333 S. Tamiami Trail
Suite 395
Venice, Florida 34285

Article 9 MANAGEMENT

The members of the company shall elect an individual or organization to accept as the management of the company. Such election shall require a simple majority vote of the members of the company. The members shall have the right to terminate the management of the company by a simple majority vote. The initial manager of this limited liability company shall be:

Emily Dilliplane
333 S. Tamiami Trail
Suite 395
Venice, Florida 34285

In witness whereof the undersigned are the organizers of this limited liability company and have executed these Articles of Organization on this 17 day of July, 1995.

Signature of Members

BY: Emily Dilliplane
Emily Dilliplane

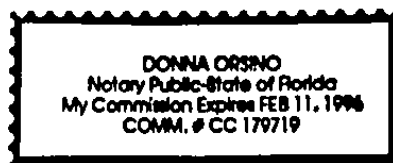
Carol Kinney
Carol Kinney

STATE OF FLORIDA
COUNTY OF SARASOTA

The foregoing instrument was acknowledged and sworn to before me this 17th day of July, 1995 by Emily Dilliplane and Carol Kinney who are the members of Florida Medical Care, L.C.

Notary Public

Donna Orsino
My commission expires



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

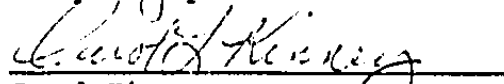
Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent, in the State of Florida.

- 1) The name of the limited liability company is Florida Medical Care, L.C.
- 2) The name and address of the registered agent and office is:

Harold O. Miller
400 S. Tamiami Trail
Suite 250
Venice, Florida 34285


Members & Manager of Florida
Medical Care, L.C.


Emily Dilliplane


Carol Kinney

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF 607.325, FLORIDA STATUTES.

SIGNATURE


Harold O. Miller

DATE

7-15-95

FILED
JUL 21 PM 3:25
CLERK OF DISTRICT COURT
JUL 21 1995


WAIVER OF NOTICE AND CONSENT TO HOLDING OF
THE ORGANIZATIONAL MEETING OF
FLORIDA MEDICAL CARE, L.C.

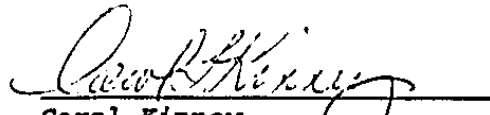
We the undersigned, being the initial members of Florida Medical Care, L.C. named in the Articles of Organization, hereby waive notice of the organization meeting of the company and consent to the holding thereof on the ____ day of _____, 1995 at 400 S. Tamiami Trail, Suite 250, Venice, Florida 34285, and do further agree that any and all business transacted at said meeting shall be as valid as though said meeting were held after notice was duly given.

In witness whereof, We have hereunto subscribed our names on this
17 day July, 1995.

Florida Medical Care, L.C.

By:


Emily Dilliplane

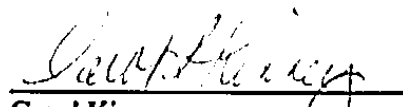

Carol Kinney

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned members or authorized representatives of a member of Florida Medical Care, L.C. depose and say:

- 1) The above named Limited Liability Company has at least two members.
- 2) The total amount of cash contributed by the members is \$1,000.
- 3) If any, the agreed value of property other than cash contributed by members is \$1,000. 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 members is \$2,000. This total includes amounts from 2 and 3 above.


Emily Dilliplane


Carol Kinney


(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FILE NOW: Fee after May 1, will be \$263.75

APPROVED
AND
FILED

05 MAY 1996 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 238.75	Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company DOCUMENT #L95000000556 FLORIDA MEDICAL CARE, L.C. 400 S TAMIAMI TRAIL SUITE 250 VENICE FL 34285

1a. Principal Place of Business Address 400 S TAMIAMI TRAIL SUITE 250 VENICE FL 34285
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If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business 333 S Tamiami Trail Suite, Apt. #, etc Suite 395 City & State Venice, FL. Zip 34285	2a. Mailing Address 333 S. Tamiami Trail Suite, Apt. #, etc Suite 395 City & State Venice, FL. Zip 34285
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3. Date Organized or Qualified 07/21/1995	3a. State of Formation FL
4. FET Number 650582915	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 07/21/95	6. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required

7. Name and Address of Current Registered Agent MILLER, HAROLD O 400 S TAMIAMI TRAIL SUITE 250 VENICE FL 34285
--

8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 700001830527 Suite, Apt. #, etc -05/20/96--01080--017 ****263.75 ****263.75 City FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when reappointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	DILLIPLANE, EMILY	333 S TAMIAMI TRAIL SUITE	VENICE FL
MEM	KINNEY, CAROL	333 S TAMIAMI TRAIL SUITE	VENICE FL
MGR	DILLIPLANE, EMILY	333 S TAMIAMI TRAIL SUITE	VENICE FL
MEM	FLORIDA FAMILY CARE TRUST A Trustee: Cititrust Int.	35 Barrack Rd. 3rd Floor	Belize City, Belize, C.A.
MEM	FLORIDA FAMILY CARE TRUST B Trustee: Cititrust Int.	35 Barrack Rd. 3rd Floor	Belize City, Belize, C.A.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Emily Dilliplane Emily Dilliplane Manager 5/10/96 (414955-1076)
SIGNATURE AND TYPE OF OFFICER OR SIGNING MANAGER, MEMBER OR MANAGER Date Daytime Phone #