

79500000820

POLEY & LARDNER

Requestor's Name

Address

222-6100

City/State/Zip

Phone #

Office Use Only

FILED
55 OCT 27 PM 3:28
TALLAHASSEE, FLORIDA

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

1. Affiliated Princeton Physicians, L.C.
(Corporation Name) (Document #)

2. _____ (Corporation Name) (Document #) 400001626034
-11/02/95--01027--018

3. _____ (Corporation Name) (Document #) ****337.50 ****337.50

4. _____ (Corporation Name) (Document #)

☒ Walk in
☐ Mail out

☒ Pick up time 3:30
☐ Will wait

☒ Certified Copy
☐ Certificate of Status

RECEIVED
55 OCT 27 PM 12:50
DIVISION OF CORPORATION

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FOLEY & LARDNER

III NORTH ORANGE AVENUE, SUITE 1800

ORLANDO, FLORIDA 32801

TELEPHONE (407) 423-7650

FACSIMILE (407) 648-1743

MAILING ADDRESS:

POST OFFICE BOX 2193

ORLANDO, FL. 32802-2193

TAMPA, FLORIDA
JACKSONVILLE, FLORIDA
TALLAHASSEE, FLORIDA
WEST PALM BEACH, FLORIDA

MILWAUKEE, WISCONSIN
MADISON, WISCONSIN
WASHINGTON, D.C.
ANNAPOLIS, MARYLAND
CHICAGO, ILLINOIS

October 26, 1995

Florida Department of State
Corporations Division
409 East Gaines Street
Tallahassee, Florida 32399

Re: Affiliated Princeton Physicians, L.C.

Gentlemen:

Please find enclosed for filing an original and one copy of the Articles of Organization of Affiliated Princeton Physicians, L.C. Also enclosed is a check in the amount of \$337.50 for the filing fee, registered agent designation and a certified copy. Please return one set of the Articles to me after filing.

Should you have any questions, please contact me.

Sincerely,


John A. Sanders

Enclosures

**ARTICLES OF ORGANIZATION
OF
AFFILIATED PRINCETON PHYSICIANS, L.C.**

FILED
95 OCT 27 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, being a member of **AFFILIATED PRINCETON PHYSICIANS, L.C.**, hereby adopts and submits for filing the following Articles of Organization of a limited liability company pursuant to Section 608.407 of the Florida Limited Liability Company Act:

ARTICLE I. - NAME OF LIMITED LIABILITY COMPANY

The name of the limited liability company shall be **AFFILIATED PRINCETON PHYSICIANS, L.C.**

ARTICLE II. - TERM OF EXISTENCE

The limited liability company shall begin its existence as of the filing of these Articles of Organization and shall exist until dissolved pursuant to Article VII hereof.

ARTICLE III - PURPOSES AND POWERS

The purpose for which the limited liability company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida to be engaged in by a limited liability company organized and existing under the Florida Limited Liability Company Act. The limited liability company shall have all of the powers vested in a limited liability company organized and existing under the Florida Limited Liability Company Act.

ARTICLE IV - INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The initial street address of the registered office of the limited liability company in the state of Florida is 1800 Mercy Drive, Orlando, FL 32808. The name of the initial registered agent of the corporation at such address is Robert S. Roberts, M.D.

ARTICLE V - MANAGEMENT

The limited liability company shall be managed by a Board of Managers. The names and addresses of the initial managers who shall serve until the first annual meeting of members or until their successors are elected and qualified are as follows:

Name**Address**

Robert S. Roberts, M.D.

453 North Kirkman
Suite 201
Orlando, FL 32811

Jack G. Faup, M.D.

5265 Alhambra Drive
Orlando, FL 32808

Lou C. Harold, M.D.

6388 Silver Star Road
Orlando, FL 32818

Daniel Carter

4501 Tamiami Trail North
Suite 415
Naples, FL 33940

William Walker

Princeton Hospital
1800 Mercy Drive
Orlando, FL 32808

ARTICLE VI - ADMISSION OF ADDITIONAL MEMBERS

Additional members may be admitted into the limited liability company in the manner prescribed in the regulations of the limited liability company.

ARTICLE VII - DISSOLUTION


The limited liability company shall be dissolved upon the occurrence of any of the following events:

- (a) The unanimous written agreement of all Members;
- (b) Upon the death, insanity, retirement, resignation, expulsion or bankruptcy of any Manager who is a Member, or upon the occurrence of any other event which terminates the continued membership of any Manager who is a Member, unless the business of the limited liability company is continued by consent of the Members owning or holding at least a Majority Interest within ninety (90) days after the occurrence of the dissolution event and there are at least two remaining Members;
- (c) When the limited liability company has fewer than two Members; or
- (d) Upon judicial dissolution of the limited liability company pursuant to Section 608.441(2) of the Florida Act.

ARTICLE VIII - MAILING ADDRESS AND STREET ADDRESS

The mailing and street address of the limited liability company in the state of Florida is 1800 Mercy Drive, Orlando, FL 32808.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization at Orlando, Florida, this 25th day of October, 1995.


Robert S. Roberts, M.D., member

ACKNOWLEDGMENT

STATE OF FLORIDA)
) SS.
COUNTY OF ORANGE)

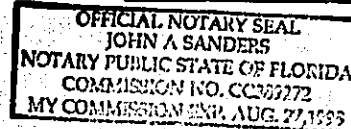
The foregoing instrument was acknowledged before me by Robert S. Roberts, M.D., who is personally known to me, this 25th day of October, 1995.



NOTARY PUBLIC - State of Florida At Large

Printed Name: _____

My Commission Expires: _____



ACCEPTANCE BY REGISTERED AGENT

The undersigned, Robert S. Roberts, M.D. as registered agent appointed in accordance with the foregoing Articles of Organization, does hereby accept such appointment, and does hereby state that he is familiar with, and accepts, the obligations imposed pursuant to §608.495 of the Florida Limited Liability Company Act.


Robert S. Roberts, M.D.

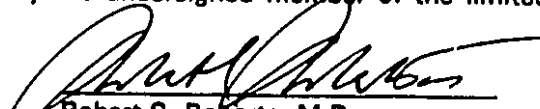
FILED
95 OCT 27 PM 3:29
TALLAHASSEE, FLORIDA
OFFICE OF THE
SECRETARY OF STATE

**AFFIDAVIT OF A MEMBER
OF
AFFILIATED PRINCETON PHYSICIANS, L.C.**

STATE OF FLORIDA
COUNTY OF ORANGE

The undersigned member of **AFFILIATED PRINCETON PHYSICIANS, L.C.**, a Florida limited liability company, hereby declares as follows:

1. The limited liability company has at least two (2) members.
2. The members of the limited liability company have contributed to the capital of the limited liability company cash in the amount of \$300.
3. The amount anticipated to be contributed to the capital of the limited liability company by the members of the limited liability company is cash in the amount of \$2,000,000.
4. This Affidavit is executed by the undersigned member of the limited liability company.

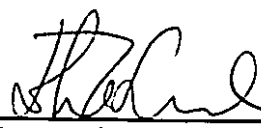

Robert S. Roberts, M.D.

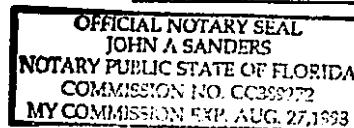
ACKNOWLEDGMENT

STATE OF FLORIDA)
) SS.
COUNTY OF ORANGE)

The foregoing instrument was acknowledged before me by Robert S. Roberts, M.D., who is personally known to me, this 25th day of October, 1995.

My Commission Expires:


NOTARY PUBLIC - State of Florida At Large
Printed Name: _____



2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After August 21, 1996. If Dissolved, Minimum Amount Due To Reinstate: \$738.75

APPROVED
AND
FILED

96 JUN 10 AM 7:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthem
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee + \$25.00 LATE FEE
\$ 263.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company
DOCUMENT #L95000000820

AFFILIATED PRINCETON PHYSICIANS, L.C.
1800 MERCY DRIVE
ORLANDO FL 32808

1a. Principal Place of Business Address

1800 MERCY DRIVE
ORLANDO FL 32808

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/27/1995	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Date of Last Report	6. Certificate of Status Desired
				10-27-95*	<input type="checkbox"/> <input type="checkbox"/>

7. Name and Address of Current Registered Agent

ROBERTS, ROBERT S M.D.
1800 MERCY DRIVE
ORLANDO FL 32808

8. Name and Address of New Registered Agent

Name
*first required report
Street Address (P.O. Box Number is Not Acceptable)
500001882100
Suite, Apt. #, etc.
-06/14/96--01039--003
City
***263.75 ***263.75
Zip Code
FL

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 06-04-96

(Registered Agent Acceptance Appointment) (NOTE: Not altered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	ROBERTS, ROBERT S M.D.	453 NORTH KIRKMAN, SUITE 2	ORLANDO FL
MGR	FAUP, JACK G M.D.	5265 ALHAMBRA DRIVE	ORLANDO FL
MGR	HAROLD, LOU C M.D.	6388 SILVER STAR ROAD	ORLANDO FL
MGR	CARTER, DANIEL	4501 TAMiami TRAIL NORTH,	NAPLES FL
MGR	WALKER, WILLIAM	PRINCETON HOSPITAL, 1800 M	ORLANDO FL

A.A.
6-10-96

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

06-04-96

Date

295-5151 Ext 1226

Daytime Phone #