

L98000000953



James M. Shuta  
Attorney At Law

June 5, 1998

Bureau of Commercial Recording  
Registration and Qualification Section  
Department of State  
P.O. Box 6327  
409 East Gaines Street  
Tallahassee, Florida 32301

200002575702---0  
-06/30/98--01018--001  
\*\*\*\*337.50 \*\*\*\*337.50

Re: IRA OF HAINES CITY, L.L.C.

Gentle(wo)men:

Enclosed is the original and one copy of the following documents which are submitted to you for the purpose of commencing this business:

1. Articles of Organization
2. Affidavit of Membership and Contributions
3. Registered Agent Certificate

Also enclosed is a check in the amount of \$ 337.50 for the following:

Filing Fee	\$ 250.00
Registered Agent Filing Fee	35.00
Certified Copy	52.50

Please return the certified copy of the Certificate to me after recording.

Thank you for your continued assistance.

Sincerely,

Name	
Availability	
Document Examiner	James M. Shuta, Esquire Board Certified Tax Attorney
Updater	DCC
Updater Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY

Pursuant to Section 608.407 Florida Statutes, the Limited Liability Company named below submits the following Articles of Organization:

ARTICLE I  
Name

The name of the Limited Liability Company is IRA of HAINES CITY, L.L.C.

ARTICLE II  
Business

This Limited Liability Company shall engage in the business of Kidney Dialysis.

ARTICLE III  
Address

The mailing address and street address of the Principal Office is  
600 Cleveland Street, Suite 910  
Clearwater, Florida 33755

ARTICLE IV  
Duration

The Limited Liability Company shall commence upon filing the Certificate with the Secretary of State of Florida and shall continue for forty (40) years thereafter unless sooner dissolved by law or by written consent of all the Members hereto.

ARTICLE V  
Management

The Limited Liability Company is to be managed by a manager whose name and address is:

INDEPENDENT RENAL ASSOCIATES, INC.  
600 Cleveland Street, Suite 910  
Clearwater, Florida 33755

ARTICLE VI  
Admission of Additional Members

No Member may sell, assign, transfer, encumber, or otherwise dispose of any interest in the Limited Liability Company without the prior written consent of a majority of ownership interests of the Members.

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ARTICLE VII  
Members Rights to Continue Business

The withdrawal of a Member, whether voluntary or involuntary, shall have no effect upon the continuation of the Limited Liability Company's business.

ARTICLE VIII  
Effective Date

The effective date of the Limited Liability Company shall be as of the date of filing with the Secretary of State of Florida.

These Articles of Organization of a Florida Limited Liability Company are executed by either a majority in voting interest of the Members or by one or more Members authorized by a majority in voting interest of the Members.

SIGNED this 22<sup>nd</sup> day of June, 1998.

WITNESSES:

INDEPENDENT RENAL ASSOCIATES, INC.

Sean P. Coughlin  
Sign Name

BY: Janet R. Dees  
Janet R. Dees, President  
60% Owner

Sean P. Coughlin  
Print Name

Renée H. Hammond  
Sign Name

RENEE G. HAMMOND  
Print Name

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415 Florida Statutes, the undersigned LIMITED LIABILITY COMPANY, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the Limited Liability Company is:

IRA OF HAINES CITY, L.L.C.

2. The name and address of the registered agent and of

JANET R. DEES  
600 Cleveland Street, Suite 910  
Clearwater, Florida 33755

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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.

  
\_\_\_\_\_  
JANET R. DEES  
Registered Agent

Date: June 22, 1998

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS FOR  
FLORIDA LIMITED LIABILITY COMPANY**

BEFORE ME, the undersigned Member or authorized representative of IRA OF HAINES CITY, L.L.C., a Florida Limited Liability Company, certify as follows:

1. The above named Limited Liability Company has at least two members.
2. The total amount of cash contributed by the Members is \$100,000.00.
3. If any, the agreed value of property other than cash contributed by Members is -0-; a description of the property, if any, is attached and made a part hereto.
4. The amount of cash or property anticipated to be contributed by Members is \$100,000.00.
5. The total amounts of 2,3 and 4 is \$100,000.00.

Under the penalties of perjury I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief on this 22<sup>nd</sup> day of June, 1998.

WITNESSES:

INDEPENDENT RENAL ASSOCIATES, INC.

Sean P. Coughlin  
Sign Name

BY: Janet R. Dees  
Janet R. Dees, President,  
60% Owner

Sean P. COUGHLIN  
Print Name

Renée G. Hammond  
Sign Name

RENEE G. HAMMOND  
Print Name

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TALLAHASSEE, FLORIDA

STATE OF FLORIDA  
COUNTY OF PINELLAS

I HEREBY CERTIFY that on the 22 day of June, 1998, the foregoing was acknowledged before me by Janet R. Dees, (☒) who is personally known to me or (☐) who produced \_\_\_\_\_ as identification and who (☐) did or (☒) did not take an oath.

Renée G. Hammond  
Notary Public, State of Florida

RENEE G. HAMMOND  
(Printed Name)

My Commission Expires: 06-01-02  
Commission No. CC747.35.3

