

L98000001141

Craig F. Snyder, P.A.
Requestor's Name

11000 Prosperity Farms Rd., Ste 203
Address

Palm Beach Gardens, FL 33410
City/State/Zip Phone #

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Office Use Only

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

1. _____
(Corporation Name) (Document #)
2. _____
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- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

Name	Other	7/21/98
Availability		dec
OTHER FILINGS		
Document Examiner		DCC
Updater	Annual Report	
Updater	Fictitious Name	DCC
Updater/Verifier	Name Reservation	
Acknowledgement		DCC
W. P. Verifier		DCC

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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TALLAHASSEE, FLORIDA

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Examiner's Initials

ARTICLES OF ORGANIZATION
OF INTERNAL MEDICINE SPECIALISTS OF THE PALM BEACHES, L.C.

The undersigned members adopt the following Articles of Organization pursuant to the provisions of the Florida Limited Liability Company Act (the "Act").

ARTICLE I
NAME OF COMPANY

The name of the limited liability company is Internal Medicine Specialists of the Palm Beaches, L.C. (the "Company").

ARTICLE II
PERIOD OF DURATION

The Company shall terminate on July 1, 2048.

ARTICLE III
REGISTERED OFFICE AND AGENT

The address of the Company's principal office and mailing address is as follows: 8190 Okeechobee Blvd., West Palm Beach, Florida 33411. The name and mailing address of the Company's initial registered agent in the State of Florida is as follows: Gennaro Sagliocca, MD, FACP, 8190 Okeechobee Blvd., West Palm Beach, Florida 33411.

ARTICLE IV
REQUIREMENTS FOR ADMISSION OF ADDITIONAL MEMBERS

Additional persons may be admitted to the Company as members and membership interests may be created and issued to these persons upon the approval of holders of all of the remaining members entitled to vote.

ARTICLE V
DISSOLUTION AND RIGHT TO CONTINUE BUSINESS

The Company shall be dissolved upon the first to occur of the following:

- (a) The expiration of the term of the Company;
- (b) The unanimous written consent of all the Company's members;
- (c) The death, retirement, resignation, expulsion, dissolution or bankruptcy of a member, or any other event which terminates the membership of a member in the Company, unless within ninety(90) days after such event all of the remaining members agree in writing to continue the business of the Company.

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ARTICLE VI
MANAGEMENT

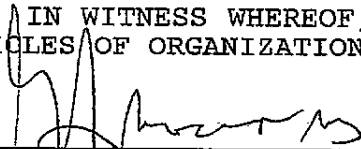
The Company will be managed by the members of the Company in accordance with the Company's regulations. The names and addresses of the Company's managing members are as follows:

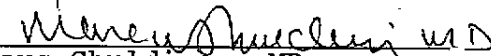
NAME	ADDRESS
Gennaro Sagliocca, MD, FACP	8190 Okeechobee Blvd. West Palm Beach, FL 33411
Michael Chidester, MD	8190 Okeechobee Blvd. West Palm Beach, FL 33411
Marc Shuldiner, MD	8190 Okeechobee Blvd. West Palm Beach, FL 33411

ARTICLE VII
PURPOSE

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

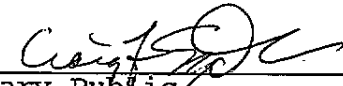
IN WITNESS WHEREOF, THE FOLLOWING MEMBERS HAVE EXECUTED THESE ARTICLES OF ORGANIZATION ON THIS 16th DAY OF JULY, 1998.


Gennaro Sagliocca, MD FACP


Marc Shuldiner, MD

STATE OF FLORIDA)
COUNTY OF PALM BEACH)

The foregoing instrument was subscribed and sworn to before me by Gennaro Sagliocca, MD, FACP and Marc Shuldiner, MD, on behalf of Internal Medicine Specialists of the Palm Beaches, L.C., on July 16, 1998, all of whom personally appeared before me. Gennaro Sagliocca, MD, FACP is personally known to me or has produced as identification. Marc Shuldiner is personally known to me or has produced as identification.


Notary Public




CRAIG F. SNYDER
COMMISSION # CC 421539
EXPIRES DEC 6, 1998
BONDED THRU
ATLANTIC BONDING CO., INC

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TALLAHASSEE, FLORIDA

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

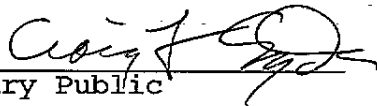
The undersigned member or authorized representative of a member of Internal Medicine Specialists of the Palm Beaches, L.C. deposes and says:

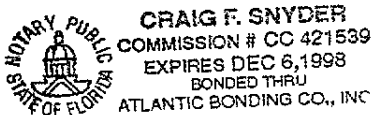
- 1) the above named limited liability company has at least two members.
- 2) the total amount of cash contributed by the member(s) is \$15,000.00.
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ N/A. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by the member(s) is \$15,000.00. This total includes amounts from 2 and 3 above.


Signature of a member or authorized representative of a member.
(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.)

STATE OF FLORIDA)
COUNTY OF PALM BEACH)

The foregoing instrument was subscribed and sworn to before me by Gennaro Sagliocca, MD, FACP, on behalf of Internal Medicine Specialists of the Palm Beaches, L.C., on July 16, 1998, who personally appeared before me. Gennaro Sagliocca, MD, FACP is personally known to me or has produced as identification.


Notary Public



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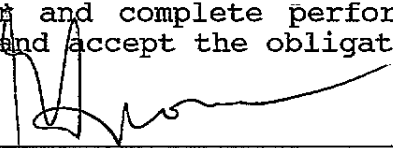
CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

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 OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Internal Medicine Specialists of the Palm Beaches, L.C.
2. The name and address of the registered agent and office is:

Gennaro Sagliocca, MD, FACP
8190 Okeechobee Blvd.
West Palm Beach, FL 33411

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.



(Signature)



Date