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Requestor's Name

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City/State/Zip

Phone #

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96 AUG 19 PM 4:20
TALLAHASSEE, FLORIDA

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

1. Premcare Family Medical
(Corporation Name) (Document #)
2. Center of Central Florida,
(Corporation Name) (Document #)
L.C.
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

wait 1986 CM

☒ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☒ Photocopy

☐ Certificate of Status

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

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96 AUG 19 AM 11:39
DIVISION OF CORPORATION

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****285.00 ****285.00

**ARTICLES OF ORGANIZATION
OF
PREMCARE FAMILY MEDICAL CENTER
OF CENTRAL FLORIDA, L.C.**

The undersigned hereby certify that we have associated ourselves together for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges and immunities of limited liability companies for profit. We further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

ARTICLE I

Name

The name of limited liability company shall be:

PREMCARE FAMILY MEDICAL CENTER OF CENTRAL FLORIDA, L.C.

and its principal place of business shall be: 4501 S. Semoran Boulevard, Orlando, Florida 32822, County of Orange, State of Florida, but it shall have the power and authority to establish branch offices at such place or places as may be designated by the members.

ARTICLE II

Purpose and Powers

The general nature of the business or businesses to be transacted and which the limited liability company is authorized to transact, in addition to those authorized by the laws of the State of Florida, and the powers of the limited liability company, shall be as follows:

1. To invest in, operate, own, and conduct a family practice medical center, consulting, and management business and to invest in other limited liability companies, partnerships, or corporations.

2. To engage in any activity or business authorized under the Florida Statutes.

3. In general, to carry on any and all incidental business; to have and exercise all the powers conferred by the laws of the State of Florida, and to do any and all things herein set forth to the same extent as a natural person might or could do.

4. To purchase or otherwise acquire, undertake, carry on, improve, or develop, all or any of the business, good will, rights, assets, and liabilities of any person, firm, association or corporation carrying on any kind of business of a similar nature to that which this limited liability company is authorized to carry on, pursuant to the provisions of the Articles and to hold, utilize and in any manner dispose of the rights and property so acquired.

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

5. To enter into and make all necessary contracts for its business with any person, entity, partnership, association, corporation, domestic or foreign or any domestic or foreign state, government or governmental authority, or of any political or administrative subdivision, or department thereof, and to perform and carry out, assign, cancel or rescind any of such contracts.

6. To exercise all or any of the limited liability company powers, and to carry out all or any of the purposes enumerated herein otherwise granted or permitted by law, while acting as agent, nominee or attorney-in-fact for any persons or corporations and perform any service under contract or otherwise for any corporation, joint stock company, association, partnership, firm, syndicate, individual or other entity, and in such capacity or under such arrangement develop, improve, stabilize, strengthen or extend the property and commercial interest thereof, and to aid, assist or participate in any lawful enterprise in connection therewith or incidental to such agency, representation, or service and to render any other service or assistance insofar as is lawful under the laws of the State of Florida, providing for the formation, rights, privileges and immunities of limited liability companies for profit.

7. To do everything necessary, proper, advisable or convenient for the accomplishment of any of the purposes or the attainment of any of the objects, of the furtherance of any of the powers herein set forth, either alone or in association with others incidental or pertaining to or going out of, or connected with its business or powers, provided the same shall not be inconsistent with the laws of the State of Florida.

8. The several clauses contained in this statement of the general nature of the business or businesses to be transacted shall be construed as post purposes and powers of this limited liability company, and statements contained in each clause shall, except as otherwise expressed, be in no way limited or restricted by reference to or inference from the terms of any other clause. They shall be regarded as independent purposes and powers.

Nothing herein contained shall be deemed or construed as authorized or permitting or purporting to authorize or permit the limited liability to carry on any business, exercise any power, or do any act which a limited liability company may not, under the laws of the State of Florida, lawfully carry on, exercise or do.

ARTICLE III

Capital Contributions

Capital contributions in the amount of \$100.00 shall be paid to the limited liability company by the members as follows:

<u>Name</u>	<u>Capital Contribution</u>	<u>Percentage Interest</u>
Abid Rasool, M.D., P.A.	\$ 50.00	50%
Muhammad Awan, M.D., P.A.	\$ 50.00	50%

Additional contributions will be made as required for investment purposes, as determined by consent of the members holding at least two-thirds (2/3) of the percentage interests. Members will make contributions in shares equal to their respective percentage interest.

ARTICLE IV

Profit and Losses

(a) Sharing of Profits. The member shall be entitled to the net profits arising from the operation of the limited liability company business that remain after the payment of the expenses of conducting the business of the limited liability company. Each Member shall be entitled to their distributive share of the profits according to their percent of interest in the Company.

(b) Losses. All losses that occur in the operation of the limited liability company business shall be paid out of the capital of the limited liability company and the profits of the business or, if such sources are insufficient to cover such losses, by the Members in shares as set forth in the percentages alongside the name of each member according to their percent of interest in the Company.

ARTICLE V

Limited Liability Company Powers

All limited liability company powers shall be exercised by or under the authority of, and the business and affairs of this limited liability company shall be managed under the direction of, the Members of this limited liability company. This Article may be amended from time to time in the regulations of the limited liability company by a unanimous vote of the Members of the limited liability company.

ARTICLE VI

Duration

This limited liability company shall exist until December 31, 2027, which shall be not more than thirty (30) years from the date of the filing with the Department of State, or until dissolved in a manner provided by law, or as provided in the regulations or adopted by the Members.

ARTICLE VII

Principal Place of Business

The principal office of this limited liability company shall be located at:

4501 S. Semoran Blvd.
Orlando, Florida 32822

Mailing address is same as principal address.

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ARTICLE VIII
Management

This limited liability company shall be managed by a manager. The name and address of the person who shall serve as such until the first annual meeting of the Members or until the successor is elected and qualified is:

Abid Rasool, M.D.
4501 S. Semoran Blvd.
Orlando, Florida 32822

ARTICLE IX
Registered Office and Registered Agent

The street address of the company's initial registered office is 20 N. Orange Avenue, Suite 1000, Orlando, Florida 32801, and the name of the company's registered agent is Robert L. Harding. The company may change its registered office or its registered agent or both by filing with the Department of State of the State of Florida a statement complying with Section 607.0502, Florida Statutes.

The limited liability company's principal place of business and mailing address is 4501 S. Semoran Blvd., Orlando, Florida 32822.

ARTICLE X
Restriction of Membership

Members shall have the right to admit new Members by consent based on the percentage of ownership. Contributions required of new Members shall be determined as of the time of admission to the limited liability company.

A Member's interest in the limited liability company may be sold or otherwise transferred except that each existing Member shall have the first right to match offer and must do so within thirty (30) days as Member's interest may be sold without consent of other Members.

Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member, or the occurrence of any other event that terminates the continued membership of a Member in the limited liability company, the remaining Members shall have the right to continue the business upon unanimous consent of such remaining Members.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE XI
Amendment of Articles of Organization

The limited liability company reserves the right to amend, alter, change or repeal any provision contained in these Articles of Organization in the manner now or hereafter prescribed by statute, and all rights conferred upon the stockholders herein are subject to this reservation.

IN WITNESS WHEREOF, we, the undersigned being the original Members of the limited liability company, hereby certify that the foregoing constitutes the proposed Articles of Organization of PREMCARE FAMILY MEDICAL CENTER OF CENTRAL FLORIDA, L.C., for the uses and purposes therein stated.

ABID RASOOL, M.D., P.A.

By: _____

Abid Rasool, M.D., President

MUHAMMAD AWAN, M.D., P.A.

By: _____

Muhammad Awan, M.D., President

STATE OF FLORIDA
COUNTY OF ORANGE

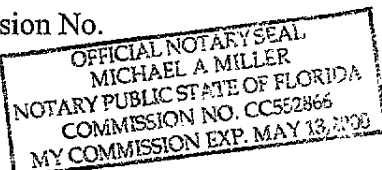
The foregoing instrument was acknowledged before me this 9 day of July, 1998, by Abid Rasool, M.D., President of Abid Rasool, M.D., P.A., who is personally known to me (or who has produced personally known as identification) and who did (did not) take an oath.

SEAL

Notary Public - State of Florida

Commission No.

Expires:



STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 10th day of July, 1998, by Muhammad Awan, M.D., as President of Muhammad Awan, M.D., P.A., who is personally known to me (or who has produced personally as identification) and who did (did not) take an oath.

SEAL



Teresa Hitchcox
My Commission CC589063
Expires Sep. 29, 2000

A handwritten signature of Teresa Hitchcox in cursive script, written over a horizontal line.

Notary Public - State of Florida
Commission No.
Expires:

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NOTARY PUBLIC
TALLAHASSEE, FLORIDA

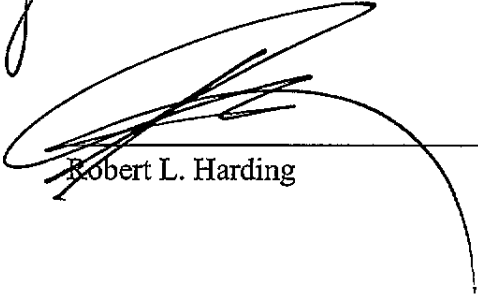
**CERTIFICATE DESIGNATING PLACE OF BUSINESS FOR
THE SERVICE OF PROCESS WITHIN FLORIDA AND
REGISTERED AGENT UPON WHOM PROCESS MAY BE SERVED**

In compliance with Section 48.091, Florida Statutes, the following is submitted: **PREMCARE FAMILY MEDICAL CENTER OF CENTRAL FLORIDA, L.C.** (the "Limited Liability Company") desiring to organize as a domestic corporation or qualify under the laws of the State of Florida has named and designated **Robert L. Harding** as its **Registered Agent to accept service of process within the State of Florida with its registered office located at 20 N. Orange Avenue, Suite 1000, Orlando, Florida 32801.**

ACKNOWLEDGMENT

Having been named as Registered Agent for the Limited Liability Company at the place designated in this Certificate, I hereby agree to act in this capacity; and I am familiar with and accept the obligations as Registered Agent, as the same may apply to the Limited Liability Company; and I further agree to comply with the provisions of Florida Statutes, Section 48.091 and all other statutes, all as the same may apply to the Limited Liability Company relating to the proper and complete performance of my duties as Registered Agent.

Dated this 9 day of July, 1998.


Robert L. Harding

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF ORANGE

The undersigned, who appeared personally before me, being first duly sworn, deposes and says that:

1. He is properly authorized to execute this Affidavit on behalf of the Members of **Premcare Family Medical Center of Central Florida, L.C.** (the "Company") as their authorized representative;

2. The Company has two Members; and

3. The Members of the Company shall make the following contributions of cash or property anticipated to be and that total \$100.00.

<u>Name of Member</u>	<u>Total Amount of Cash Contributed</u>	<u>Total Amount of Other Property Contributed</u>
Abid Rasool, M.D., P.A.	\$50.00 U.S. Funds	None
Muhammad Awan, M.D., P.A.	\$50.00 U.S. Funds	None
Total	\$100.00	None

FURTHER AFFIANT SAYETH NAUGHT.

Abid Rasool
Abid Rasool, M.D., Member and
Authorized Representative

The foregoing instrument was acknowledged before me this 9 day of July, 1998 by Abid Rasool, M.D., Member and as authorized representative, who is personally known to me or who has produced personally known as identification and who did not take an oath.

Michael A. Miller
NOTARY PUBLIC

Typed or Printed Name of Notary

My commission expires:

Serial No., if any?:

