

L98000002597

Paul Watson Lambert
Requestor's Name

1114 East Park Ave
Address

Tallahassee FL 32301 850 224 9393
City/State/Zip Phone #

Office Use Only

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

1. Community Care Medical Center, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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

FILED STATE EFFECTIVE DATE
SECRETARY OF CORPORATIONS
98 NOV -6 AM 11:47
10/30/98

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-11/06/98--01051--025
****337.50 ****337.50

Examiner's Initials

COMMUNITY CARE MEDICAL CENTER, INC.
AFFIDAVIT

I, Roderick C. Jones, D.C., President, Community Care Medical Center, Inc., having dissolved said corporation which was incorporated on August 10, 1998, hereby swear and affirm that said corporation will not be reactivated. The purpose of dissolving the corporation is to create Community Care Medical Center, LLC, created simultaneously upon the filing of the Articles of Dissolution of the Community Care Medical Center, Inc.

STATE OF FLORIDA
COUNTY OF LEON

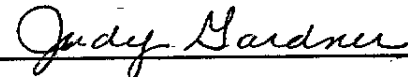
BEFORE ME, an officer duly authorized in the state and county aforesaid to take acknowledgments, personally appeared Roderick C. Jones, D.C., who, being by me first duly sworn, deposes and says the following:

FURTHER Affiant sayeth naught.



Roderick C. Jones, D.C.

SWORN TO AND SUBSCRIBED before me this 26th day of October, 1998.



Judy Gardner

NOTARY PUBLIC



Judy Gardner
MY COMMISSION # CC692425 EXPIRES
October 30, 2000
BONDED THRU TROY FAIN INSURANCE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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10/30/98

ARTICLES OF ORGANIZATION
OF
COMMUNITY CARE MEDICAL CENTER, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 NOV -6 AM 11:47

The undersigned hereby adopts the following Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I - Name

The name of the Limited Liability Company is **COMMUNITY CARE MEDICAL CENTER, L.L.C.**, whose address is 5500 Ninth Street North, St. Petersburg, FL 33703-1204 This is also the Company's mailing address.

EFFECTIVE DATE
10/30/98

ARTICLE II - Commencement and Duration

The Limited Liability Company is to commence its organizational existence on October 30, 1998, and shall exist perpetually thereafter until dissolved according to law.

ARTICLE III - Purpose

The Limited Liability Company is organized for the purpose of transacting any and all lawful business.

ARTICLE IV - Management

The Limited Liability Company is to be managed by managers and the names and addresses of such managers who are to serve as managers are:

Roderick C. Jones, D.C., President
921 55th Avenue North
St. Petersburg, FL 33703-2105

Dennis L. Jones, D.C., Secretary/Treasurer
9 Marina Terrace
Treasure Island, FL 33706-1203

ARTICLE V - Admission of Additional Members

The right, if given, of the members to admit additional members and the terms and condition of the admissions shall be as determined at the time of admission upon the written approval of admission agreed to by each member.

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EFFECTIVE DATE
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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member of Community Care Medical Center, L.L.C., Roderick C. Jones, D.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 members is \$ 500.00 ;
(No non-cash property has been contributed.)
- 3) amount of cash or property anticipated to be contributed by the members is \$ 500.00 ;
- 4) the total amounts of 2 and 3 is \$ 1,000.00 .

IN WITNESS WHEREOF, the undersigned, as incorporator, hereby executes these articles of incorporation this 26th day of October, 1998.


Roderick C. Jones, D.C.

STATE OF FLORIDA
COUNTY OF Pinellas

Before me, the undersigned authority, an officer duly authorized to administer oaths and take acknowledgments, personally appeared Roderick C. Jones, D.C., known to me and known by me to be the person who executed the foregoing articles of organization, and he acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal this 26th day of October, 1998.

Notary Public
State of Florida at Large


My Commission Expires:



Judy Gardner
MY COMMISSION # CC692425 EXPIRES
October 30, 2000
BONDED THRU TROY FAIN INSURANCE, INC.

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

PURSUANT TO THE PROVISION 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 COMMUNITY CARE MEDICAL CENTER, L.L.C.

2. The name and address of the registered agent and office is:
Paul Watson Lambert, J.D.
1114 E. Park Avenue
Tallahassee, FL 32301-2651.

Having been named as registered agent and to accept services 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.

REGISTERED AGENT:

Date: _____

Paul Watson Lambert, J.D

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