

Division of Corporations

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L980000003003

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 922-4003

From:

Account Name : WICKMAN & WYCKOFF, P.A.

Account Number : I19980000073

Phone : (941) 795-6565

Fax Number : (941) 795-5774

98 DEC -4 AM 8:47
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC -4 AM 7:48
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

MEDICAL PRACTICE SUPPORT SERVICES, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$285.00

L98-3003

Name Availability	OK 12-4
Document Examiner	OK
Updater	OK
Updater Verifier	OK
Acknowledgment	OK
W. P. Verifier	OK

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - NAME

The name of the limited liability company is **MEDICAL PRACTICE SUPPORT SERVICES, L.L.C.**

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the limited liability company is
2820 Manatee Avenue West, Bradenton, Florida 34205.

ARTICLE III - DURATION

The term of duration for the limited liability company shall be perpetual.

ARTICLE IV - MANAGEMENT

The limited liability company is managed by managers and the name and address of the initial manager is:

Garfield W. AuCoin
2010 59th Street West, Suite 4700
Bradenton, Florida 34209

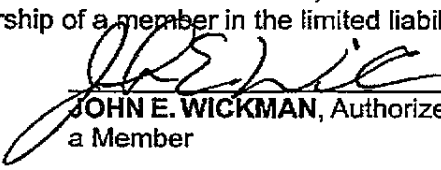
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ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

No additional members shall be admitted to the company except with the unanimous written consent of all the members of the company and upon such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the company as set forth in the regulations of the company, but the transferee shall have no right to participate in the management of the business and affairs of the company or become a member unless all the other members of the company other than the member proposing to dispose of his or her interest approve of the proposed transfer by unanimous consent.

ARTICLE VI - MEMBER'S RIGHTS TO CONTINUE BUSINESS

The remaining members of the limited liability company may continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event which terminates the continued membership of a member in the limited liability company.


JOHN E. WICKMAN, Authorized Representative of
a Member


Prepared by:
John E. Wickman
Wickman & Wyckoff, P.A.
4909 Manatee Avenue West
Bradenton, FL 34209 (941) 795-6565
Fla. Bar No. 0046884

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**MEDICAL PRACTICE SUPPORT SERVICES, L.L.C.
AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS**

The undersigned member or authorized representative of a member of **MEDICAL PRACTICE SUPPORT SERVICES, L.L.C.** deposes and says:

1. The above-named limited liability company has at least one (1) member.
2. The total amount of cash contributed by the members is Zero Dollars (\$0.00). No property has been contributed by the members.
3. The total amount of cash anticipated to be contributed by members is One Hundred Thousand Dollars (\$100,000.00). This total includes the amount from two above. No property is anticipated to be contributed by the members.


JOHN E. WICKMAN, 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.)

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**MEDICAL PRACTICE SUPPORT SERVICES, L.L.C.
CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, 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:

MEDICAL PRACTICE SUPPORT SERVICES, L.L.C.

2. The name and address of the registered agent and office is:

Wickman & Wyckoff, P.A.

(Name)

4909 Manatee Avenue West

(P.O. Box or Mail Drop Box **NOT** acceptable)

Bradenton, Florida 34209

(City/State/ZIP)

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relative to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent.

Wickman & Wyckoff, P.A., a Florida professional service corporation

By: 

John E. Wickman, President

Dated: December 3, 1998

Filing Fee: \$ 35 for Designation of Registered Agent