

# L980000003232

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Fairfield Chase Medical  
Partners LLC

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Name	MAH
Availability	MAH
Document Examiner	MAH
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Acknowledgement	MAH
P. Verifier	MAH

Signature

Requested by: CS 12/17 10:24  
Name Date Time

Art of Inc. File \_\_\_\_\_  
LTD Partnership File \_\_\_\_\_  
Foreign Corp. File \_\_\_\_\_  
☒ L.C. File \_\_\_\_\_  
Fictitious Name File \_\_\_\_\_  
Trade/Service Mark \_\_\_\_\_  
Merger File \_\_\_\_\_  
Art. of Amend. File \_\_\_\_\_  
RA Resignation \_\_\_\_\_  
Dissolution / Withdrawal \_\_\_\_\_  
☒ Annual Report / Reinstatement \_\_\_\_\_  
Cert. Copy \_\_\_\_\_  
Photo Copy \_\_\_\_\_  
Certificate of Good Standing \_\_\_\_\_  
Certificate of Status \_\_\_\_\_  
Certificate of Fictitious Name \_\_\_\_\_  
Corp Record Search \_\_\_\_\_  
Officer Search \_\_\_\_\_  
Fictitious Search \_\_\_\_\_  
Fictitious Owner Search \_\_\_\_\_  
Vehicle Search \_\_\_\_\_  
Driving Record \_\_\_\_\_  
UCC I or 3 File \_\_\_\_\_  
UCC II Search \_\_\_\_\_  
UCC II Retrieval \_\_\_\_\_

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ARTICLES OF ORGANIZATION  
OF  
FAIRFIELD CHASE MEDICAL PARTNERS, LLC

These Articles of Organization are made for the purpose of organizing a Florida Limited Liability Company under the Florida Limited Liability Company Act (Florida Statutes Chapter 608).

1. Name. The name of this limited liability company is FAIRFIELD CHASE MEDICAL PARTNERS, LLC ("Company").
2. Duration. The Company shall exist from the date hereon until the occurrence of any of the events specified in Florida Statutes Section 608.441, unless continued by the unanimous consent of all of the remaining members.
3. Mailing Address and Street Address. The Company's mailing address is P.O. Box 2874, Clearwater, Florida 33757-2874. The Company's street address is 843 Harbor Island, Clearwater, Florida 33767.
4. Registered Agent and Office. The name of the initial registered agent of the Company is Frank J. Greco. The street address of the initial registered agent of the company is 1715 N. Westshore Blvd., Suite 750, Tampa, Florida 33607.
5. Additional Members. Additional members to the Company may be admitted, but only if all the current members agree to the admission of the additional members and to the terms of admission.
6. Termination of Membership. If a member of the Company dies, retires, resigns, is expelled, is dissolved, experiences bankruptcy, or upon the occurrence of any other event which terminates the continued membership of a member in the Company, the remaining members may, by unanimous written agreement, continue the business of the Company.
7. Management of the Company. The Company shall initially be managed by Charles T. Orsatti who shall serve as manager until the first annual meeting of the members or until their successors are elected and qualify:


Name and Address

Charles T. Orsatti  
843 Harbor Island  
Clearwater, Florida 33767

F.R.I.D.  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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8. Regulations. The members shall have the power to adopt, alter, amend, or repeal regulations of the Company containing provisions for the regulation and management of the affairs of the Company.
9. Date of Existence of the Company. The existence of the Company shall commence on the date hereof.

The undersigned executed these Articles of Organization effective as of December 16, 1998.

  
Charles T. Orsatti

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: Fairfield Chase Medical Partners, LLC .
2. The name and address of the registered agent and office is:

Frank J. Greco  
1715 N. Westshore Boulevard, Suite 750  
Tampa, Florida 33607-3926

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.



\_\_\_\_\_  
Frank J. Greco, Registered Agent

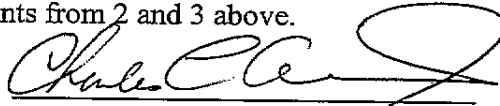


\_\_\_\_\_  
Charles T. Orsatti, Member

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF \_\_\_\_\_ LIMITED  
LIABILITY COMPANY

The undersigned member or authorized representative of a member of Fairfield Chase Medical Partners, LLC, deposes and says:

- 1) the above named limited liability company has at least three members;
- 2) the total amount of cash contributed by the member (s) is \$ 1,000.00 ;
- 3) if any, the agreed value of property other than cash contributed by member (s) is \$ 1,000.00 ; and
- 4) the total amount of cash or property anticipated to be contributed by member (s) is \$ 100,000.00 . This total includes amounts from 2 and 3 above.

  
Charles T. Orsatti

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of December, 1998, by Charles T. Orsatti, who is personally known to me or who has produced \_\_\_\_\_ as identification.

Printed Name:  
Notary Public  
My Commission Expires:  
Serial Number:

