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PLEAS	SE RETURN THE FOLLOW	ING AS PROOF C	F FILING:	ATE VITONS
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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Submission Give or ginal as file details

December 11, 1998

CSC

SUBJECT: GULF COAST UROLOGY ASSOCIATES, P.L.

Ref. Number: W98000027785

We have received your document for GULF COAST UROLOGY ASSOCIATES, P.L. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees for a limited liability company breakdown as follows: \$250 filing fee, \$35 for designation of registered agent, \$52.50 for an optional certified copy, and \$8.75 for an optional certificate of status.

There is a balance due of \$258.75.

The articles of organization must include the specific nature of business that the company will be conducting.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 598A00058518



Articles of Organization of GULF COAST UROLOGY ASSOCIATES, P.L.

The undersigned subscriber to these Articles of Organization, desiring to form a limited liability company pursuant to the Florida Professional Service Corporation and Limited Liability Company Act, Chapter 621 of the Florida Statutes, and being a natural person competent to contract, hereby makes, subscribes, acknowledges and files these Articles for the purpose of forming a professional limited liability company under the laws of the State of Florida.

ARTICLE I (NAME)

The name of this limited liability company is GULF COAST UROLOGY ASSOCIATES, P.L. (the "Company").

ARTICLE II (DURATION)

The Company shall have perpetual duration, beginning on the date these Articles of Organization are filed in the Office of the Secretary of State of the State of Florida.

ARTICLE III (PURPOSE)

Except as limited by Chapter 621 of the Florida Statutes, the Company shall have all of the powers stated in the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, as such chapter presently exists and may hereafter be amended, and to render professional medical services.

ARTICLE IV (PRINCIPAL OFFICE AND REGISTERED AGENT)

The street address and mailing address of the Company's initial principal office shall be 545 Brent Lane, Pensacola, FL 32503. The Company's principal office may hereafter be at such other place or places as the members from time to time may determine. The name of the initial registered

agent of the Company shall be Gary W. Huston and the street address of the registered agent is 3 West Garden Street, Suite 600, Pensacola, FL 32501.

ARTICLE V (MANAGEMENT)

The Company will be managed by one or more managers. Until the first annual meeting of members or until the initial managers' successors are elected and qualified, the initial managers' names and addresses are:

Howell J. Martin, M.D.	J. Michael Plunkett, M.D.	Eduardo Puente, M.D.
545 Brent Lane	545 Brent Lane	6111 Hwy. 90
Pensacola, FL 32503	Pensacola, FL 32503	Milton, FL 32570

ARTICLE VI (MEMBERS)

The names and addresses of the initial members are as follows:

Howell J. Martin, M.D.	J. Michael Plunkett, M.D.	Eduardo Puente, M.D.
545 Brent Lane	545 Brent Lane	6111 Hwy. 90
Pensacola, FL 32503	Pensacola, FL 32503	Milton, FL 32570

Subject to the provisions of Chapter 621 of the Florida Statutes, additional members may be admitted, at such times and on such terms and conditions as determined by a majority in interest (or such greater percentage as may be specified from time to time in the Company's Operating Agreement or regulations) of the members.

ARTICLE VII (CONTINUATION)

The Company shall not be dissolved but instead shall continue notwithstanding the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event terminating membership in the Company; however, in any such event, a majority

in interest of the remaining members (or such greater percentage as may be specified from time to time in the Company's Operating Agreement or regulations) shall have the right upon the occurrence of any such event to elect to dissolve the Company.

IN WITNESS WHEREOF, the undersigned authorized representative of a member has executed the foregoing Articles of Organization on this ______ day of December, 1998.

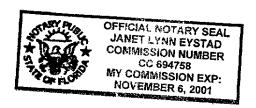
Gary W. Huston

Authorized Representative of a Member

STATE OF FLORIDA COUNTY OF ESCAMBIA

The foregoing instrument was acknowledged before me this $\underline{\mathcal{G}}$ by Gary W. Huston, who did not take an oath, who stated that he execut	ted the foregoing instrument
as the authorized representative of a member of the professional limited	liability company, and who:
is/are personally known to me. produced current Florida driver's license as identification. produced as identification.	

(Notary Seal Must be Affixed)



Notary Public

Janet Lynn Estad

Name of Notary Printed

Name of Notary Printed

My Commission Expires: <u>#-6-01</u> Commission Number: <u>CC 694758</u>

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA AND NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

In compliance with Section 608.415, Florida Statutes, the following is submitted: That GULF COAST UROLOGY ASSOCIATES, P.L., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at 545 Brent Lane, Pensacola, FL 32503, has named Gary W. Huston, whose business address is 3 West Garden Street, Suite 600, Pensacola, FL 32501, as its agent to accept service of process within Florida.

GULF COAST UROLOGY ASSOCIATES, P.L.

By:

Authorized Representative of a Member

ACCEPTANCE

Having been named as registered agent and to accept service of process for the above stated professional limited liability company at the place designated in this certificate, I am familiar with and accept the obligations of my position as registered agent and I agree to act in that position. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties.

December <u>9</u>, 1998

Gary W. Huston, Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of Gulf Coast Urology Associates, P.L., certifies:

- 1) The above named professional limited liability company has at least one member.
- 2) The total amount of cash contributed by the member(s) is:

\$1,500.00

- 3) If any, the agreed value of property other than cash contributed by member(s) is: \$ 0.0 (A description of the property is attached and made a part hereto.) and
- 4) The total amount of cash and property contributed and anticipated to be contributed by member(s) is:

\$1,500.00

(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.)

Gary W. Huston, Authorized Representative of Member