

L99000000135

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

385-6735

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

600002731080-5

-01/06/99-01001-010

****285.00 ****285.00

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

1. Associated family PHISICIANS of Boca Raton, P.L.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time _____

☐ Mail out

☐ Will wait

☐ Photocopy

(Document #)

Availability

☐ Certified Copy

☐ Certificate of Status

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JAN 17 PM 4:16

NEW FILINGS	
☐	Profit
☐	NonProfit
☒	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 6, 1999

FILINGS, INC.

TALLAHASSEE, FL

SUBJECT: ASSOCIATED FAMILY PHYSICIANS OF BOCA RATON, P.L.
Ref. Number: W99000000268

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We have received your document for ASSOCIATED FAMILY PHYSICIANS OF BOCA RATON, P.L. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407(1)(e), Florida Statutes, requires the articles of organization to set forth the right, if given, of the members to admit additional members and the terms and conditions of the admissions. Reference to the operating agreement/regulations is not sufficient.

The affidavit must set forth the amount of the cash and a description and the agreed value of property other than cash contributed by the members, and the amount anticipated to be contributed by the members.

A description of the property must be included.,

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 699A00000495

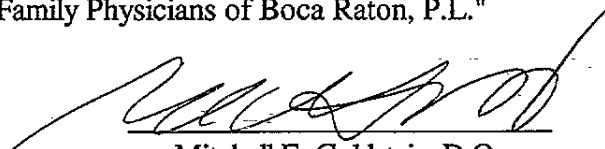
**AFFIDAVIT FOR ASSOCIATED FAMILY PHYSICIANS OF BOCA RATON,
INC.**

STATE OF FLORIDA
COUNTY OF PALM BEACH

The undersigned, Mitchell E. Goldstein, D.O., Secretary of Associated Family Physicians of Boca Raton, Inc., being duly sworn, deposes and says:

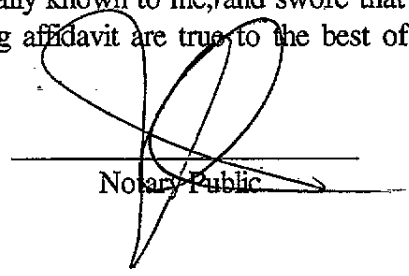
The Board of Directors and the Shareholders of Associated Family Physicians of Boca Raton, Inc. have unanimously agreed to the following:

1. The Corporation is authorized to file Articles of Dissolution and be dissolved.
2. The Corporation has no intention of revoking its Articles of Dissolution.
3. The Corporation hereby gives consent for the name: "Associated Family Physicians of Boca Raton" to be used by Lynda Altman, M.D., P.A., Stephen E. Bloom, M.D., P.A. and Mitchell E. Goldstein, D.O., P.A. as the name of a new entity: "Associated Family Physicians of Boca Raton, P.L."


Mitchell E. Goldstein, D.O.

Secretary

STATE OF FLORIDA
County of Broward
Appeared before me this 1st day of JANUARY, 1999. Mitchell E. Goldstein, D.O., as Secretary of Associated Family Physicians of Boca Raton, Inc., who is personally known to me, and swore that the statements made in the foregoing affidavit are true to the best of his knowledge and belief.


Notary Public

My commission expires:



Joel B Kornberg
My Commission CC790667
Expires December 18, 2002

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ARTICLES OF ORGANIZATION
OF
ASSOCIATED FAMILY PHYSICIANS OF BOCA RATON, P.L.

ARTICLE I-Name:

The name of the Professional Limited Liability Company is:

Associated Family Physicians of Boca Raton, P.L.

ARTICLE II-Address:

The mailing address, including the street number, of the principal office of the Professional Limited Liability Company is:

9910 Sandalfoot Boulevard, Suite 1, Boca Raton, Florida 33428-6692.

ARTICLE III-Duration:

The period of duration for the Professional Limited Liability Company shall be:

Perpetual.

ARTICLE IV-Purpose:

This Professional Limited Liability Company is organized for the purpose of:

- (a) Rendering specific professional service as medical doctor;
- (b) To purchase, sell exchange, lease, assign, transfer, encumber or otherwise deal in or with real property, personal property, equipment, supplies and other items in relation to the purposes stated herein, including to borrow for the acquisition of and/or to pledge and/or encumber such property;
- (c) To do any and all things permitted by law incident to the foregoing, including but not by limitation, the borrowing of funds, pledging of Professional Limited Liability Company assets, and dealing with tangible and intangible property of all kinds; and
- (d) In general, to carry on any other business in connection with the foregoing, or otherwise, and to transact any or all lawful businesses, and to have and exercise all the powers conferred by the laws of Florida on professional limited liability companies formed under The Florida Limited Liability Company Act.

ARTICLE V-Management:

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The Professional Limited Liability Company is to be managed by the Board of Managers, as more specifically set forth in the Operating Agreement, and the names and addresses of the Managers are:

Lynda Altman, M.D., P.A., 9910 Sandalfoot Boulevard, Suite 1, Boca Raton, Florida 33428-6692

Stephen E. Bloom, M.D., P.A., 9910 Sandalfoot Boulevard, Suite 1, Boca Raton, Florida 33428-6692

Mitchell E. Goldstein, D.O., P.A., 9910 Sandalfoot Boulevard, Suite 1, Boca Raton, Florida 33428-6692

ARTICLE VI-Withdrawal or Disqualification of Member:

Upon an event of withdrawal or disqualification of a member, the remaining members shall have the right, subject to the provisions set forth in the Operating Agreement, to continue the business and affairs of the Professional Limited Liability Company.

ARTICLE VII-Admission of Additional Members:

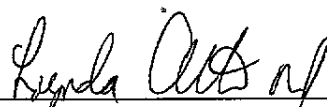
Additional members may be added by the agreement of at least 75% of the members.

ARTICLE VIII-Tax Purposes:

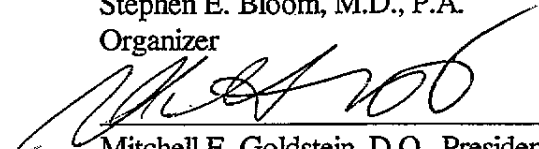
For tax purposes, the Professional Limited Liability Company will be operating as a partnership.

IN AFFIRMATION THEREOF, the facts stated above in these Articles of Organization are true.

DATED this 1ST day of JANUARY, 1999


Lynda Altman, M.D., President
Lynda Altman, M.D., P.A.
Organizer


Stephen E. Bloom, M.D., President
Stephen E. Bloom, M.D., P.A.
Organizer


Mitchell E. Goldstein, D.O., President
Mitchell E. Goldstein, D.O., P.A.
Organizer

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AFFIDAVIT FOR
ASSOCIATED FAMILY PHYSICIANS OF BOCA RATON, P.L.

STATE OF FLORIDA
COUNTY OF PALM BEACH

The Undersigned Members of Associated Family Physicians Of Boca Raton, P.L., being duly sworn, depose and say:

- 1) They are members of Associated Family Physicians Of Boca Raton, P.L., and that there are at least two (2) members of Associated Family Physicians Of Boca Raton, P.L.
- 2) The amount of cash contributed by the members is zero.
- 3) The agreed value of property other than cash contributed by the members is \$165,612. The members have contributed all of their interest in the assets of Associated Family Physicians, Inc, which has been dissolved.
- 4) The amount anticipated to be contributed by the members is 0 in cash and 0 in agreed value of property other than cash.

Lynda Altman
Lynda Altman, M.D., President
Lynda Altman, M.D., P.A.
Organizer

Stephen E. Bloom
Stephen E. Bloom, M.D., President
Stephen E. Bloom, M.D., P.A.
Organizer

Mitchell E. Goldstein
Mitchell E. Goldstein, D.O., President
Mitchell E. Goldstein, D.O., P.A.
Organizer

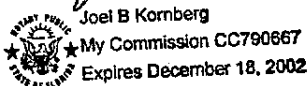
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STATE OF FLORIDA
COUNTY OF BROWARD

Appeared before me this 1st day of JANUARY, 1999, Lynda Altman, M.D., as President of Lynda Altman, M.D., P.A., Stephen E. Bloom, M.D., as President of Stephen E. Bloom, M.D., P.A. and Mitchell E. Goldstein, D.O., as President of Mitchell E. Goldstein, D.O., P.A., as members of Associated Family Physicians of Boca Raton, P.L., who are personally known to me, and swore that the statements made in the foregoing affidavit are true to the best of their knowledge and belief.

Joel B Kornberg
Notary Public

My commission expires:



CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED PROFESSIONAL LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

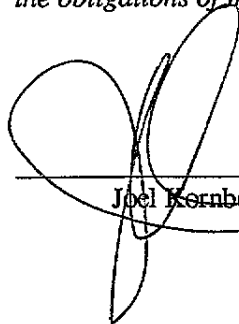
1. The name of the professional limited liability company is:

Associated Family Physicians of Boca Raton, P.L.

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

Joel Kornberg, M.D., J.D.
7301-A West Palmetto Park Road, Suite 305C
Boca Raton, Florida 33433

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 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.



Joel Kornberg, M.D., J.D.

1/1/99
(Date)

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