

L99000000230

CAPITAL CONNECTION, INC.

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

IRA of North Tampa,
L.L.C.

700002742047--3
-01/14/99--01086--023
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ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

Pursuant to Section 608.407 Florida Statutes, the Limited Liability Company named below submits the following Articles of Organization:

ARTICLE I
Name

The name of the Limited Liability Company is IRA of NORTH TAMPA, L.L.C.

ARTICLE II
Business

This Limited Liability Company shall engage in the business of Kidney Dialysis.

ARTICLE III
Address

The mailing address and street address of the Principal Office is

600 Cleveland Street, Suite 910
Clearwater, Florida 33755

ARTICLE IV
Duration

This Limited Liability Company shall commence upon filing the Certificate with the Secretary of State of Florida and shall continue until terminated in accordance with the Florida Limited Liability Act, Florida Statutes 608.401 et. seq.

ARTICLE V
Management

The Limited Liability Company is to be managed by a manager whose name and address is:

INDEPENDENT RENAL ASSOCIATES, INC.
600 Cleveland Street, Suite 910
Clearwater, Florida 33755

ARTICLE VI
Admission of Additional Members

No Member may sell, assign, transfer, encumber, or otherwise dispose of any interest in the Limited Liability Company without the prior written consent of all the Members.

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ARTICLE VII
Members Rights to Continue Business

The withdrawal of a Member, whether voluntary or involuntary, shall have no effect upon the continuation of the Limited Liability Company's business.

ARTICLE VIII
Effective Date

The effective date of this Limited Liability Company shall be upon filing the Certificate with the Secretary of State of Florida.

These Articles of Organization for a Florida Limited Liability Company are executed by either a majority in voting interest of the Members or by one or more Members authorized by a majority in voting interest of the Members.

SIGNED this 13 day of January, 1999.

WITNESSES:

INDEPENDENT RENAL ASSOCIATES, INC.

Janet R. Dees
Sign Name

BY:

Sean P. Coughlin
Sean P. Coughlin, Secretary
60% Owner

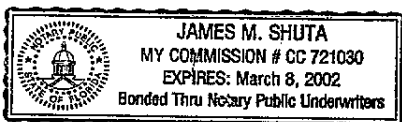
JANET R. DEES
Print Name

Renée G. Hammond
Sign Name

RENEE G. HAMMOND
Print Name

STATE OF FLORIDA
COUNTY OF PINELLAS

I HEREBY CERTIFY that on the 13 day of January, 1999, the foregoing was acknowledged before me by Sean P. Coughlin, (X) who is personally known to me or () who produced _____ as identification and who () did or (X) did not take an oath.



James M. Shuta
Notary Public, State of Florida

JAMES M. SHUTA
(Printed Name)
My Commission Expires: _____
Commission No. _____

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**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS FOR
FLORIDA LIMITED LIABILITY COMPANY**

BEFORE ME, the undersigned Member or authorized representative of
IRA of NORTH TAMPA, L.L.C., a Florida Limited Liability Company,
certifies as follows:

1. The above named Limited Liability Company has at least two members.
2. The total amount of cash contributed by the Members is: \$ _____
3. If any, the agreed value of property other than cash
contributed by Members is: \$ -0-
(A description of the property, if any, is attached
and made a part hereto.)
4. The amount of cash or property promised to be
contributed by Members is: \$50,000.00
5. The total amounts of 2, 3 and 4 is: \$ 50,000.00

Under the penalties of perjury I declare that I have read the
foregoing and that the facts alleged are true, to the best of my
knowledge and belief on this 13 day of January, 1999.

WITNESSES:

INDEPENDENT RENAL ASSOCIATES, INC.

Janet R. Dees
Sign Name

BY: Sean P. Coughlin
Sean P. Coughlin, Secretary
60% Owner

JANET R. DEES
Print Name

Renée G. Hammond
Sign Name

RENEE G. HAMMOND
Print Name

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STATE OF FLORIDA
COUNTY OF PINELLAS

I HEREBY CERTIFY that on the 13 day of January, 1999, the foregoing was acknowledged before me by Sean P. Coughlin, (X) who is personally known to me or () who produced _____ as identification and who () did or (X) did not take an oath.



James M. Shuta
Notary Public, State of Florida

JAMES M. SHUTA
(Printed Name)

My Commission Expires: _____
Commission No. _____

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

Pursuant to the provisions of section 608.415 Florida Statutes, the undersigned LIMITED LIABILITY COMPANY, organized under the laws of the State of Florida, 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:

IRA of NORTH TAMPA, L.L.C.

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

SEAN P. COUGHLIN
600 Cleveland Street, Suite 910
Clearwater, Florida 33755

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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE ON BEHALF OF 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.



SEAN P. COUGHLIN
Registered Agent

Date: January 13, 1999