

L 99000000489

TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Gull Point Anesthesia P.L.C.
(Proposed limited liability company name - must include suffix)

400002757344-9
-01/28/99-01059-006
****293.75 ****293.75

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit
\$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50.
Please send one check for the total amount made payable to the Florida Department of State.

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DIVISION OF CORPORATIONS
99 JAN 28 PM 1:23

FROM: Brian D. Gregory
Name (Printed or typed)

5130 Gull Point
Address

Pensacola
City, State & Zip

850-477-5061
Daytime Telephone number

L99-489

| | |
|----------------|---------|
| Name | OK 1-28 |
| Availability | OK |
| Designation | OK |
| Examination | OK |
| Update | OK |
| Updater | OK |
| Verification | OK |
| Acknowledgment | OK |
| W. P. | OK |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gull Point Anesthesia P.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Brian D. Gregory
5130 Gull Point Rd.
Pensacola, FL 32504

ARTICLE III - Duration:

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

Perpetual

ARTICLE IV - Management:

(check and complete the appropriate statement)

- ☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

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- ☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Brian D. Greg

SAME AS ABOVE

Nature of business - Practice of Medicine

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

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ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to 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 shall be:

NOTE: If no provisions are to be made in Article V and VI remove this page before submitting for filing with the Department of State.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

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The undersigned member or authorized representative of a member of _____
GULL Point Anesthesia P.L.C. deposes and says:

- 1) the above named limited liability company has ^{one} ~~at least two members~~ _____
- 2) the total amount of cash contributed by the member(s) is \$ 10⁰⁰
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0⁰⁰
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 0⁰⁰
- 5) the total amounts of 2, 3 and 4 is \$ 10⁰⁰

Brian D. Gregory, MD
Signature of a member or 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.)

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

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

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1. The name of the limited liability company is: Gull Point Anesthesia PLLC.

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

Brian D. Gregory, MD
(NAME)

5130 GULL Point Rd.
(P. O. Box NOT ACCEPTABLE)

Pensacola, FL 32504
(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, 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.

Brian D. Gregory, MD
(SIGNATURE)

1-28-99
(DATE)

Filing Fee: \$ 35 for Designation of Registered Agent