

**CAPITAL CONNECTION, INC.**  
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • (850) 222-8062 • Fax (850) 222-1222

**L99600005289**

WTC of Gainesville, L.C.

500002969445--7

-08/25/99--01041--010

\*\*\*\*285.00 \*\*\*\*285.00

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 1 or 3 File \_\_\_\_\_  
UCC 11 Search \_\_\_\_\_  
UCC 11 Retrieval \_\_\_\_\_  
Courier \_\_\_\_\_

FILED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
99 AUG 25 PM 1:00

RECEIVED  
99 AUG 25 AM 10:48  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

8/25 9:27

BTC  
8/25/99

Articles of Organization of  
WTC OF GAINESVILLE, L.C.

ARTICLE I - NAME

The name of this Limited Liability Company shall be WTC OF GAINESVILLE, L.C.

ARTICLE II - DURATION

The period of duration of this Limited Liability Company shall be perpetual.

ARTICLE III - PURPOSE

The nature of the business to be transacted by this Limited Liability Company and the purpose hereof is to acquire, own, develop, finance, lease, sell, or otherwise dispose of real property and to engage in any other lawful business or endeavor.

ARTICLE IV - MAILING ADDRESS AND STREET ADDRESS

The initial street address of the principal office of this Limited Liability Company in the State of Florida and the mailing address is 720 S. W. 2<sup>nd</sup> Avenue, Gainesville, Florida 32601, which is the initial registered office of the Limited Liability Company.

ARTICLE V - NAME AND STREET ADDRESS OF REGISTERED AGENT

The name and street address of the initial registered agent in this state for this Limited Liability Company is Joseph A. Tonner, M. D., 720 S. W. 2<sup>nd</sup> Avenue, Gainesville, Florida 32601.

ARTICLE VI - ADDITIONAL MEMBERS

New members may be admitted upon the unanimous vote of the members.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 AUG 25 PM 1:00

ARTICLE VII - CONTINUATION OF BUSINESS

The remaining members of the Limited Liability Company may continue the business of the Limited Liability Company upon 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 upon majority vote.

ARTICLE VIII - MANAGEMENT BY MEMBERS

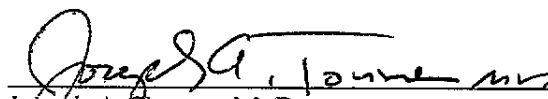
Management of the Limited Liability Company shall be by the Managing Members. The names and addresses of the Managing Members are:


James W. Wynne, M. D.	720 S. W. 2 <sup>nd</sup> Avenue Gainesville, Florida 32601
Joseph A. Tonner, M. D.	720 S. W. 2 <sup>nd</sup> Avenue Gainesville, Florida 32601
Jorge R. Camacho, M.D.	720 S. W. 2 <sup>nd</sup> Avenue Gainesville, Florida 32601

ARTICLE IX - REGULATIONS

The power to adopt, alter, amend, and repeal the Regulations is vested in the Managing Members.

At Gainesville, Florida, this 24th day of August, 1999.

  
Joseph A. Tonner, M. D.

  
Theresa K. Tonner, as Tenants by the Entirety

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 AUG 25 PM 1:00

STATE OF FLORIDA  
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 24<sup>th</sup> day of August  
1999, by Joseph A. Tonner, M. D..

[Signature]  
Notary Public, State of Florida at Large

Dana L. Chance  
Print, Type or Stamp Commissioned Name  
of Notary Public



DANA L. CHANCE  
My Commission CC525653  
Expires Jan. 18, 2000

Personally Known \_\_\_\_\_ OR Produced Identification ☒  
Type of Identification Produced:  
☒ Current Florida Driver's License  
☐ Other \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 24<sup>th</sup> day of August  
1999, by Theresa K. Tonner.

[Signature]  
Notary Public, State of Florida at Large

Dana L. Chance  
Print, Type or Stamp Commissioned Name  
of Notary Public



DANA L. CHANCE  
My Commission CC525653  
Expires Jan. 18, 2000

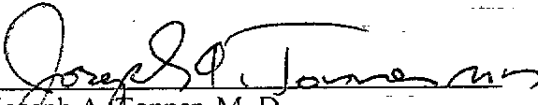
Personally Known \_\_\_\_\_ OR Produced Identification ☒  
Type of Identification Produced:  
☒ Current Florida Driver's License  
☐ Other \_\_\_\_\_

ACCEPTANCE OF APPOINTMENT  
AS REGISTERED AGENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 AUG 25 PM 1:00

I HEREBY ACCEPT appointment as Registered Agent for WTC OF GAINESVILLE, L.C.,  
on whom process may be served in the State of Florida. I am familiar with and accept the duties and  
responsibilities as Registered Agent for said limited liability company, all pursuant to Florida Statutes  
608.415.

DATED this 24th day of August, 1999.

  
Joseph A. Tonner, M. D.  
Registered Agent

## Affidavit

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 AUG 25 PM 1:00

BEFORE ME, this day, the undersigned officer, personally appeared JOSEPH A. TONNER, M.D., a Managing Member of WTC OF GAINESVILLE, L.C., a Florida Limited Liability Company ("WTC"), and who, being duly sworn, certifies as follows:

1. The Limited Liability Company has three (3) members:

James W. Wynne, M. D. and Patiricia Wynn, Tenants by the Entirety;  
Joseph A. Tonner, M. D. and Theresa Tonner, Tenants by the Entirety; and  
Jorge R. Camacho, M. D. and Glenda M. Camacho, Tenants by the Entirety

2. Cash in the amount of \$ 5,000.00 has been contributed to the Limited Liability Company by the members.

3. No other property has been contributed by the members to the Limited Liability Company.

4. The amount anticipated to be contributed by the members to the Limited Liability Company is \$ 1, 190,000.00.

FURTHER AFFIANT SAITH NOT.

Under 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.

DATED this 24th day of August, 1999.

Joseph A. Tonner, M.D.  
JOSEPH A. TONNER, M.D.

Theresa K. Tonner  
THERESA K. TONNER, As tenants by  
the Entirety

STATE OF FLORIDA  
COUNTY OF ALACHUA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 AUG 25 PM 1:00

Before me, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared JOSEPH A. TONNER, M. D. known to me and known by me to be the person who executed the foregoing Affidavit, and he acknowledged to me and before me that he executed this Affidavit as a Member of the Limited Liability Company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this 24 day of August, 1999.



Notary Public, State of Florida at Large

Dana L. Chance

Print, Type or Stamp Commissioned Name  
of Notary Public

Personally known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_



DANA L CHANCE  
My Commission CC525653  
Expires Jan. 18, 2000

Type of Identification Produced:

- ☒ Current Florida Driver's license  
☐ Other \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF ALACHUA

Before me, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared THERESA K. TONNER. known to me and known by me to be the person who executed the foregoing Affidavit, and he acknowledged to me and before me that he executed this Affidavit as a Member of the Limited Liability Company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my  
official seal this 24<sup>th</sup> day of August, 1999.

Dana L. Chance  
Notary Public, State of Florida at Large

Dana L. Chance  
Print, Type or Stamp Commissioned Name  
of Notary Public

Personally known \_\_\_\_\_ OR Produced Identification ✓

Type of Identification Produced:

- ☒ Current Florida Driver's license.  
☐ Other \_\_\_\_\_



DANA L. CHANCE  
My Commission CC525653  
Expires Jan. 18, 2000