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Nancy Michael
Requestor's Name
455 Douglas Ave Ste 1455
Address
Altamonte Sprs, FL 32714
City/State/Zip Phone #

100002913181--9
-06/23/99--01054--015
***1210.00 ***285.00

w99-15002
Office Use Only

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

1. Phymed Medical Supply L.C.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 28, 1999

NANCY MCMICHAEL
455 DOUGLAS AVE., STE 1455
ALTAMONTE SPRINGS, FL 32714

SUBJECT: PHYMED MEDICAL SUPPLY, L.C.
Ref. Number: W99000015002

We have received your document for PHYMED MEDICAL SUPPLY, L.C. and your check(s) totaling \$1210.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

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) 487-6097.

Michael Mays
Document Specialist

Letter Number: 499A00034103

ARTICLES OF ORGANIZATION
OF
PHYMED MEDICAL SUPPLY, L.C.

The undersigned organizer, for the purpose of forming a Limited Liability Company under the Florida Limited Liability Companies Act, Chapter 608, Florida Statutes, hereby adopts the following Articles of Organization.

ARTICLE I: NAME.

The name of the Limited Liability Company shall be: Phymed Medical Supply, L.C.

The principal street address, mailing address and place of business of this company shall be 310 W. Central Parkway, Suite 7500, Altamonte Springs, Florida 32714.

ARTICLE II: NATURE OF BUSINESS.

The company may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation; and specifically for rendering medical services.

ARTICLE III: TERM OF EXISTENCE.

This organization is to exist perpetually.

ARTICLE IV: EXERCISE OF COMPANY POWERS.

All company powers shall be exercised by or under the authority of, and the business and affairs of the company shall be managed by or under the direction of, the members of the organization.

ARTICLE V: ISSUANCE OF STOCK

The stock of this company shall be held 99% by PhyMed Partners, L.C. and 1% by PhyMed Partners, Inc.

FILED
SEP 17 2009
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IN WITNESS WHEREOF, the undersigned has executed these Articles
of Organization this June 10, 1999.

Signature of Organizer

A handwritten signature in cursive script, appearing to read "J. Michael", is written over a horizontal line.

FILED
SECRETARY OF STATE
99 OCT 21 PM 10:39

STATE OF FLORIDA
COUNTY OF SEMINOLE

THE FOREGOING instrument was acknowledged and sworn to before me
this 10th day of June, 1999.

Notary Public

Dana S. Currell
My Commission Expires:



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FILED
SECRETARY OF STATE
JUL 21 2000

ACCEPTANCE OF REGISTERED AGENT

I, Tracy Schilling, Esquire hereby accept the title of register agent for
Phymed Medical Supply, L.C.

Said service shall be made on me at 445 Douglas Ave, Suite 2005-22,
Altamonte Springs, Florida 32714. My business phone number is
(407) 869-8829.


Tracy Schilling, Esquire

Sworn and subscribed to me this 10th day of June, 1999.



Notary Public

My Commission Expires:



99 OCT 21 PM 10:39

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sworn to and subscribed before me
this 10th day of June, 1999.

Dana Shea C
Notary Public, State of Florida

My Commission Expires:



Personally know to me ✓
Type identification produced _____

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FILED
SEP 21 2003
NOTARY PUBLIC

STATE OF FLORIDA
COUNTY OF SEMINOLE

BEFORE ME, this day, personally appeared Lamar McMichael, who is well
know to me and known to be the person who executed the following affidavit, and
who, after being first duly sworn, deposes and says:

1. Mr. McMichael is over the age of 18, and has personal knowledge of the
facts and circumstances as hereinafter set forth and contained.
2. The Limited Liability company known as PhyMed Medical Supply, L.C.
has at least two members.
3. The amount of cash, a description and agreed value of property other
than cash contributed by the members is as follows:
 - a.) cash contributed: \$ _____
 - b.) property other than cash and the agreed upon value of said property:
4. The amount anticipated to be contributed by the members is:
\$ VA.

FURTHER AFFIANT SAYETH NAUGHT.


Lamar McMichael

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FILED
SEMI-ANNUAL REPORT