

L 99000000 6926  
PHYMED  
PARTNERS L.C.

October 20, 1999

700002913177

6/23/99--01054 --015

\*\*\*1210.00 \*\*\*285.00

Mr. Michael Mays  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Reference: Phymed Partners, L.C.

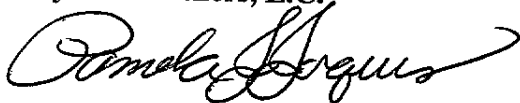
Dear Mr. Mays,

Per our conversation and the changes in the law, I am returning the original "Articles of Organization of Phymed Partners, L.C. as requested.

Article IV encompasses the statement requiring clarification of who will manage the company. Article IV states "the members of the organization".

I have provided two (2) additional copies in case they are need for processing on your end. In addition to our conversation, you stated that there was no refilling/clarification fees. If you have any questions or are in need of additional information, do not hesitate to call the office at (407) 260-5040.

Respectfully,  
Phymed Partners, L.C.



Pamela J. Jaques

RECEIVED  
OCT 21 11:10:57

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mtu

10/21



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 PARTNERS, L.C.  
Ref. Number: W99000014999

We have received your document for PHYMED PARTNERS, 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 names and street addresses of the members or managers of the limited liability company.

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: 199A00034100

FILED  
SECRETARY OF STATE  
JUL 1 1999  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION  
OF  
PHYMED PARTNERS, 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 Partners, L.C.

The principal street address, mailing address and place of business of this company shall be 455 Douglas Ave, Suite 1455, 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.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 10<sup>th</sup> day of April 1999.

Signature of Organizer



FILED  
SECRETARY OF STATE  
99 OCT 21 PM 3:57

STATE OF FLORIDA  
COUNTY OF SEMINOLE

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

Notary Public

Dana Shea Cirelli

My Commission Expires:




59 OCT 21 PM 10:57

FILED  
99 OCT 21 PM 10:57

ACCEPTANCE OF REGISTERED AGENT

I, Tracy Schilling, Esquire hereby accept the title of register agent for  
PhyMed Partners, 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 10<sup>th</sup> day of June, 1999.

  
Notary Public

My Commission Expires:



FILED  
SECRETARY OF STATE  
99 OCT 21 PM 10:57

STATE OF FLORIDA  
COUNTY OF SEMINOLE

**AFFIDAVIT FOR PHYMED PARTNERS, L.C.**

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 Partners 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: \$ 10,000.00
  - b.) property other than cash and the agreed upon value of said property:
4. The amount anticipated to be contributed by the members is:  
\$ NA.

FURTHER AFFIANT SAYETH NAUGHT.

  
Lamar McMichael

FILED  
SECRETARY  
COUNTY OF SEMINOLE  
FEB 10 2010  
11:57

Sworn to and subscribed before me  
this 10<sup>th</sup> day of June, 1999.

Dana Scirelli

Notary Public, State of Florida

My Commission Expires:

Personally know to me ✓

Type identification produced \_\_\_\_\_



FILED  
SECRETARY OF THE  
NOTARY PUBLIC  
JUN 11 11:08:57