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FILINGS, INC. TERESA RO	OMAN		
(Requestor's Nam	(6)		
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CORPORATION NAM	IE(s) & DOCUMENT NUM	BER(S) (if known):	
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NEW FILINGS	AMENDMENTS		
Profit	Amendment		CE 29
NonProfit	Resignation of R.A., Office	/Director	RECEIVE
Limited Liability	Change of Registered Agen	t	
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Other	Merger		
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OTHER FILINGS	REGISTRATION/ QUALIFICATION	МЈН	
Annual Report	Foreign	MIJT	
Fictitious Name			
Name Reservation	Limited Partnership	uree u	
	Reinstatement	·	
	Trademark	Examiner's I	nitials
			

ARTICLES OF ORGANIZATION OF COCONUT CREEK PHYSICIANS, P.L.

ARTICLE I-Name:

The name of the Professional Limited Liability Company is:

Coconut Creek Physicians, P.L.

ARTICLE II-Address:

The mailing address, including the street number, of the principal office of the Professional Limited Liability Company is:

3880 Coconut Creek Parkway, Coconut Creek, Florida 33066.

ARTICLE III-Duration:

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

Perpetual.

ARTICLE IV-Purpose:

This Professional Limited Liability Company is organized for the purpose of:

- (a) Rendering specific professional service as medical doctor;
- (b) To purchase, sell exchange, lease, assign, transfer, encumber or otherwise deal in or with real property, personal property, equipment, supplies and other items in relation to the purposes stated herein, including to borrow for the acquisition of and/or to pledge and/or encumber such property;
- (c) To do any and all things permitted by law incident to the foregoing, including but not by limitation, the borrowing of funds, pledging of Professional Limited Liability Company assets, and dealing with tangible and intangible property of all kinds; and
- (d) In general, to carry on any other business in connection with the foregoing, or otherwise, and to transact any or all lawful businesses, and to have and exercise all the powers conferred by the laws of Florida on professional limited liability companies formed under The Florida Limited Liability Company Act.

ARTICLE V-Management:

SECRETARY OF STATE DIVISION OF CORPORATIONS

The Professional Limited Liability Company is to managed by the Board of Managers, as more specifically set forth in the Operating Agreement, and the names and addresses of the Managers are:

Michael Angelillo, M.D., P.A., 3880 Coconut Creek Parkway, Coconut Creek, Florida 33066.

William Flignor, M.D., P.A., 3880 Coconut Creek Parkway, Coconut Creek, Florida 33066.

ARTICLE VI-Withdrawal or Disqualification of Member:

Upon an event of withdrawal or disqualification of a member, the remaining members shall have the right, subject to the provisions set forth in the Operating Agreement, to continue the business and affairs of the Professional Limited Liability Company.

ARTICLE VII-Admission of Additional Members:

The members may admit additional members upon the affirmative vote of at least seventy five percent (75%) of the members.

ARTICLE VIII-Tax Purposes:

For tax purposes, the Professional Limited Liability Company will be operating as a partnership.

IN AFFIRMATION THEREOF, the facts stated above in these Articles of Organization are true.

DATED this 280 day of Octoger, 1999.

Michael Angelillo, M.D., P.A.

by Michael P. Angelillo, M.D., President

Organizer

William Flignor, M.D., P.A.

by William A. Flignor, M.D., President

Organizer

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFTICE

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

1. The name of the professional limited liability company is:

Coconut Creek Physicians, P.L.

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

Joel Kornberg, M.D., J.D. 7301-A West Palmetto Park Road, Suite 305C Boca Raton, Florida 33433

Having been named as registered agent and to accept service of process for the above stated professional limited liability company at the place designated in this certificate, / 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.

Joel Korpberg, M.D., J.D.

(Date)