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Division of Corporations

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Florida Department of State
Division of Corporations
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Fax Number : (850) 922-4003

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813) 229-7600
Fax Number : (813) 229-1660

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Attention LINDA

LIMITED LIABILITY COMPANY

Westside Medical, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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**ARTICLES OF ORGANIZATION
WESTSIDE MEDICAL, LLC**

ARTICLE I – Name:

The name of the Limited Liability Company is WESTSIDE MEDICAL, LLC.

ARTICLE II – Address:

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

10441 Quality Drive, Suite 200
Spring Hill, Florida 34609

ARTICLE III – Management:

The Limited Liability Company is to be managed by a manager or managers and the names and addresses of the initial managers who are to serve as managers are:

Paul Rose, M.D.
5622 Marine Parkway, Suite 5
New Port Richey, Florida 34652

Nickolas J. Collucci, D.O.
1194 Mariner Blvd.
Spring Hill, Florida 34609

Eugene Guerre, M.D.
12029 Cortez Blvd.
Brooksville, Florida 34613

Norman S. Howell, D.O.
10441 Quality Drive, Suite 200
Spring Hill, Florida 34609

**ARTICLE IV – Registered Agent, Registered Office, &
Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Stephanie L. Filor
10441 Quality Drive, Suite 200
Spring Hill, Florida 34609

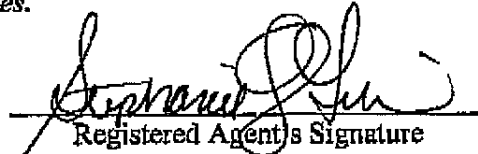
Fax Audit No.: H99000032765 2
Michael H. Robbins, Esquire
Shumaker, Loop & Kendrick, LLP
101 East Kennedy Avenue, Suite 2800
Tampa, Florida 33602
813/227-2230
Bar No.: 0092495

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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 as provided for in Chapter 608, Florida Statutes.


Registered Agent's Signature

ARTICLE V - Indemnification:

The Limited Liability Company shall, to the full extent permitted by Section 608.4363 of the Florida Statutes, as amended from time to time, indemnify all persons whom it may indemnify pursuant thereto. The indemnification provided by this Article VII shall not limit or exclude any rights, indemnities or limitations of liabilities to which any person may be entitled, whether as a matter of law, under the regulations of the Limited Liability Company, by agreement or otherwise.


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3). Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Norman S. Robbins
Typed or printed name of signer

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