

L050000007141

JOHN J. McGLYNN III, P.A.
P.O. Box 3048
STUART, FLORIDA 34995-3048

(Address)

(City/State/Zip/Phone #)

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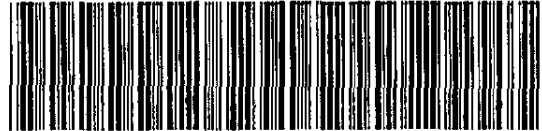
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**ARTICLES OF ORGANIZATION
OF
JUPITER FAMILY HEALTHCARE, L.L.C.**

ARTICLE I

Name. The name of the limited liability company is JUPITER FAMILY HEALTHCARE, L.L.C. (the "Company").

ARTICLE II

Address. The mailing and street address of the Company's principal office is 1002 South Old Dixie Highway, Suite 306, Jupiter, Florida 33458.

ARTICLE III

Duration. The period of duration for the Company is perpetual beginning on the date these Articles of Organization are filed by the Florida Department of State.

ARTICLE IV

Nature of Company. The general nature of the business to be transacted by the Company under these Articles of Organization shall be to own, operate, and manage a medical practice, and engage in any other activity or business permitted under the laws of the United States and of the State of Florida and to carry out said purposes in any state, territory, district, or possession of the United States, or in any foreign country, to the extent that these purposes are not forbidden by the law of the state, territory, district, or possession of the United States, or by the foreign country.

ARTICLE V

Management. The Company is to be managed by its members.

Prepared by:
John J. McGlynn III, Esquire
P.O. Box 3048
Stuart, Florida 34994
(772) 349-5646
Fla. Bar No.: 0420948

RECORDED
JUN 12 2007
JUL 12 2007

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ARTICLE VI

Operating Agreement. The Operating Agreement of the Company shall be made, altered or rescinded by a majority vote of the members of the Company at a meeting of the members.

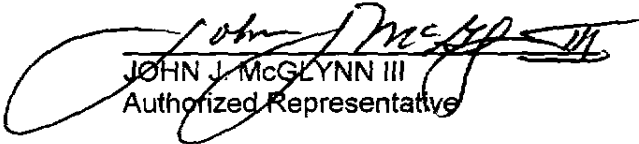
ARTICLE VII

Registered Agent and Office. The name of Company's initial registered agent in Florida is John J. McGlynn III. The address of Company's registered office in Florida is 3301 S.W. Island Way, Palm City, Florida 34990.

ARTICLE VIII

Authorized Representative. Under the provisions of the Florida Limited Liability Company Act, the members of the Company authorize JOHN J. MCGLYNN, III to file these Articles of Organization as an authorized representative of the Company.

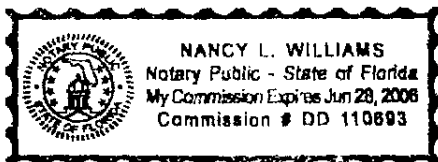
THE UNDERSIGNED authorized representative of this limited liability company executes these Articles of Organization this 6th day of January, 2004.

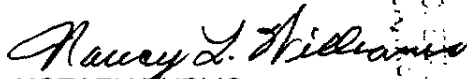

JOHN J. MCGLYNN III
Authorized Representative

STATE OF FLORIDA
COUNTY OF MARTIN

The foregoing instrument was acknowledged before me this 6 day of January, 2004 by JOHN J. MCGLYNN III. He (please check one of the following) ☐ are personally known to me or ☐ who have produced Driver's License as identification, and who (please check one of the following) ☐ did or ☐ did not take an oath.

(SEAL)




NOTARY PUBLIC
Print Name:
My Commission Expires:

Fax Audit Number: _____

Fax Audit Number:

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in the above Articles of Organization. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.

~~JOHN J. McGLYNN III
Registered Agent~~

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