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Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Phone : (800)494-3124

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RATION AND THE CO.

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

#### GASTROENTEROLOGY OF PALM BEACH, LLC

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SECRETARY OF STATE
ALLAHASSEE HORIDA

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**EXAMINER** 

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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

GASTROENTEROLOGY OF PALM BEACH, LLC

ARTICLE II ADDRESS

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

8136 OKEECHOBEE BOULEVARD WEST PALM BEACH, FLORIDA 33411

ARTICLE III REGISTERED AGENT. REGISTERED OFFICE REGISTERED AGENT SIGNATURE

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

WANG CAPITAL, LLC 8136 OKEECHOBEE BOULEVARD WEST PALM BEACH, FLORIDA 33411

Having been named as registered agent to accept service of process for the above stated limited ilability 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, F.S.

WANG CAPITAL, LLC / Registered Agent's signature

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#### ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

### ARTICLE V MEMBERS (optional)

MANAGING MEMBER
HYGEA HEALTH SERVICES, LLC
8136 OKEECHOBEE BOULEVARD
WEST PALM BEACH, FLORIDA 33411

MANAGING MEMBER LUIS ROSAS 8136 OKEECHOBEE BOULEVARD WEST PALM BEACH, FLORIDA 33411



Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), Fiorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

**LUIS ROSAS** 

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