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Division of Corporations

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From:

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Account Number : 120000000019 Phone : (305)552-5973 Fax Number (305)675-5944

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FLORIDA LIMITED LIABILITY CO. ACCOUNTABLE HEALTHCARE PARTNERS, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ACCOL	untable	Health	care P	artners, LU
ARTICLE II The mailing a Company is:		ddress of the princ	ipal office of the Lin	
	11971	Sω	103rd	Terrace
	Miami	FL	3318	
The name an	ar e as us own negistered Ap	address of the regis	stered agent are: (The	Limited Liability s entity
	Rub	en G	arcia	
		,	ation -	Avenue
				L 33133
ARTICLE IV The name and Liability Com	d title of each persor pany: (MGR or AM)	BR)	nage and control the	
	LFE	Inc	(AMB	<u>e</u>)
				18 St.
				OCT:
				30 PM
		Page 1		76.1 FLORI

Required Signatures:

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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

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 605, F.S.,

Registered Agent's Signature (REQUIRED)

(A):