

CAPITAL CONNECTION, INC.
 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

L00000000 4044

Prime Care Health Center, LLC

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L00-4044

Name	<i>CD</i>
Availability	<i>4-10</i>
Document Examiner	<i>[Signature]</i>
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Verifier	<i>[Signature]</i>
Known to Agent	<i>[Signature]</i>
W. P. Verifier	<i>[Signature]</i>

Signature

Requested by:

CD *4-10-00* *11:00*

Name Date Time

Will Pick Up

- FILED**

00 APR 10 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
- ☐ Art of Inc. File
 - ☐ LTD Partnership File
 - ☐ Foreign Corp. File
 - ☒ L.C. File *Cert*
 - ☐ Fictitious Name File
 - ☐ Trade/Service Mark
 - ☐ Merger File
 - ☐ Art. of Amend. File
 - ☐ RA Resignation
 - ☐ Dissolution / Withdrawal
 - ☐ Annual Report / Reinstatement
 - ☒ Cert. Copy
 - ☐ Photo Copy
 - ☒ Certificate of Good Standing
 - ☐ Certificate of Status
 - ☐ Certificate of Fictitious Name
 - ☐ Corp Record Search
 - ☐ Officer Search
 - ☐ Fictitious Search
- RECEIVED**

00 APR 10 AM 10:14

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval

Courier

**ARTICLES OF ORGANIZATION
OF
PRIME CARE HEALTH CENTER, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME:

The name of the limited liability company shall be:

PRIME CARE HEALTH CENTER, LLC ("company")

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the company shall be:

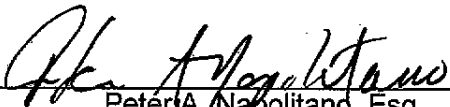
14540 Cortez Boulevard
Suite 116
Brooksville, Florida 34606

ARTICLE III - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the state of Florida is:

Peter A. Napolitano, Esq.
7617 Little Road
New Port Richey, Florida 34654

Having been named as the 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, F.S.

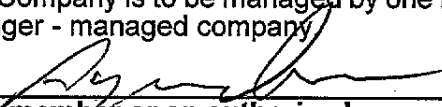


Peter A. Napolitano, Esq.
Registered Agent

ARTICLE IV - MANAGEMENT (Check box if applicable.)

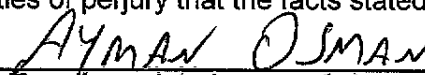


The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.



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.)



Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA