

FIRST STANFORD CORPORATION

125 WORTH AVENUE SUITE 314 PALM BEACH, FLORIDA 33480
TELEPHONE (561) 835-9520 TELEFAX (561) 833-6628

L000000006108

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

We would like to register First Stanford Healthology Partners, LLC with the state of Florida. Enclosed you will find the articles of organization and our check in the amount of \$155.00 for filing fee, designation of registered agent and certified copy.

You can contact me at the above address and phone number if necessary.

Thanking you in advance, I am,

Sincerely,


James S. Goodner
Chief Financial Officer

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***155.00 ***155.00

W-9101

FILED
00 MAY 26 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L00-6108
5/26



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 5, 2000

JAMES S. GOODNER
FIRST STANFORD CORPORATION
125 WORTH AVENUE SUITE 314
PALM BEACH, FL 33480

SUBJECT: FIRST STANFORD HEALTHOLOGY PARTNERS, LLC
Ref. Number: W00000009101

We have received your document for FIRST STANFORD HEALTHOLOGY PARTNERS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan
Document Specialist

Letter Number: 900A00018675

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FIRST STANFORD HEALTHOLOGY PARTNERS, LLC

ARTICLE II - Address:

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

125 WORTH AVENUE, SUITE 314
PALM BEACH, FL 33480

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

JAMES S. GOODNER
Name
125 WORTH AVE, SUITE 314
Florida street address (P.O. Box NOT acceptable)
PALM BEACH FL 33480
City, State, and Zip

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, F.S.

James S. Goodner
Registered Agent's Signature

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.

(An additional article must be added if an effective date is requested)

James S. Goodner
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.)

James S. Goodner
Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy ()
\$ 5.00 Certificate of Status (OPTIONAL)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAY 26 PM 1:17

FILED