

# L0/0000/2260

Florida Department of State  
Division of Corporations  
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Katherine Harris, Secretary of State

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**To:**

Division of Corporations  
Fax Number : (850) 205-0383

**From:**

Account Name : PARCORP SERVICES, LTD.  
Account Number : I19990000011  
Phone : (877) 603-2533  
Fax Number : (707) 276-4538

AL

## LIMITED LIABILITY COMPANY

### VISITOR HEALTH NETWORK LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF  
VISITOR HEALTH NETWORK LLC

Pursuant to s. 608.407, Florida Statutes.

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**VISITOR HEALTH NETWORK LLC**

**ARTICLE II - Address:**

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

**1147 AMELIA PLACE, ESCONDIDO, CA 92026**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agents Signature:**

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

**SHARON HARRIS**

Name

**4 WEST LAS OLAS BLVD. #900**

Florida street address (P.O. Box NOT ACCEPTABLE)

**FT. LAUDERDALE, FL 33301**

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 608, F.S.,*



Registered Agents 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.



Signature of a member or 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.)

**MICHAEL J. JAGODA**

Typed or Printed name of signer

**Preparer Info:**

Parcorp Services, Ltd. / Michael J. Jagoda,

PMB 258 - 13799 PARK BLVD. N., SEMINOLE, FL 33776 / Phone: 727-320-9848

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507 FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND  
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

**VISITOR HEALTH NETWORK LLC**

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

**SHARON HARRIS**

Name

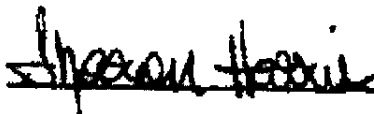
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Registered Agent **SHARON HARRIS**

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