

CT CORPORATION SYSTEM

CORPORATION(S) NAME

L0100DD16414

(1) NBHD OB/GYN at Rio Vista, LLC

(2) NBHD Pediatrics at Seventh Avenue, LLC

01 SEP 25 PM12:01

APPROVE
AND
FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Profit
☐ Nonprofit
☐ Foreign

☐ Amendment
☐ Dissolution/Withdrawal
☐ Reinstatement

☐ Merger

☐ Limited Partnership
☒ LLC

☐ Annual Report
☐ Name Registration
☐ Fictitious Name

☐ Mark
☐ Other
☐ Change of RA
☐ UCC

☒ Certified Copy

☐ Photocopies

☐ CUS

☐ Call When Ready
☒ Walk In
☐ Mail Out

☐ Call If Problem
☐ Will Wait

☐ After 4:30
☒ Pick Up

RECEIVED
01 SEP 25 AM 11:13
DIVISION OF CORPORATION

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

9/25/01

MS

Order# 4800986
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-09/25/01--01081--002
****155.00 ****155.00

Ref#: _____

Amount: \$ _____

JB
9-25-01

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

A CCH LEGAL INFORMATION SERVICES COMPANY

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NBHD OB/GYN at Rio Vista, LLC

ARTICLE II - Address:

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

300 SE 17th Street, Ft. Lauderdale, FL 33316

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

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

C T Corporation System
Name
c/o CT Corporation System, 1200 South Pine Island Road
Florida street address (P.O. Box **NOT** acceptable)
Plantation FL 33324
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..

C T Corporation System

Carrie Rogers Carrie Rogers Special Asst. Secy.
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)

Jeffrey Gold
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.)

Jeffrey Gold, Manager of Sunlife Billing Group, LLC, the Member
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 (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

01 SEP 25 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED