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**ALLAN M. GLASER, P.A.
ATTORNEY AT LAW**

11900 BISCAYNE BLVD., SUITE 807
N. MIAMI, FL 33181

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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****520.00 ****130.00

- ☐ Walk in ☐ Pick up time _____
☐ Mail out ☐ Will wait ☐ Photocopy

- ☐ Certified Copy
☐ Certificate of Status

FILED
SEP 20 2002
TALLAHASSEE, FLORIDA

02 SEP 20 AM 9:17

SEP 20 2002

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

9/24 mst

Examiner's Initials	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLINICARE HEALTH SYSTEMS, LLC

ARTICLE II - Address:

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

11900 Biscayne Boulevard Suite 807
Miami, Florida 33181

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

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

ALLAN M. GLASER, P.A.

Name

11900 Biscayne Boulevard, Suite 807

Florida street address (P.O. Box **NOT** acceptable)

Miami, Florida 33181

City, State, and Zip

02 SEP 20 AM 9:17
MAILED
CLINICARE HEALTH SYSTEMS, LLC
11900 BISCAYNE BLVD
SUITE 807
MIAMI, FL 33181

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.

Allen M. Glaser

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)

Allen M. Glaser

Signature of 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.)

Allen M. Glaser

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)