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Florida Department of State
Division of Corporations
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From: Account Name : HUBCO
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RECEIVED
03 FEB 21 AM 7:52
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Space Coast Uniphyd Partners, LLC

APPROVED
AND
FILED
03 FEB 20 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	1
Certified Copy	0
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JB
2-21-03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H03000058805

ARTICLE I - Name

The name of the Limited Liability Company is: **Space Coast Uniphyd Partners, LLC**

ARTICLE II - Address

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

**1900 SOUTH HARBOR CITY BOULEVARD, #315
MELBOURNE, FL 32901**

ARTICLE III - Registered Agent, Registered Office & Registered Agent's signature

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

MICHAEL W. HAWKINS

Name

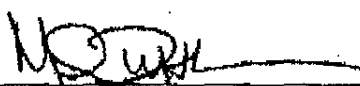
1900 SOUTH HARBOR CITY BOULEVARD, #315

(P.O. Box or Mail Drop Box NOT Acceptable)

MELBOURNE, FL 32901

(City / State / 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.


Registered Agent's Signature - **MICHAEL W. HAWKINS**

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.)

H03000058805

DAVID BADOLATO, M.D.

Typed or printed name of signee

STEVEN BADOLATO, M.D.

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
AND