

Division of Corporations

LO3 0000 24946

Florida Department of State
Division of Corporations
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(((H03000229454 1)))

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To:

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

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

Healthcare Investigations and Analysis LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JUL -9 PM 2:07

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DIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name H03000229454

The name of the Limited Liability Company is: **Healthcare Investigations and Analysis LLC**

ARTICLE II - Address

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

**6150 SR 70E
Bradenton, FL 34203**

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TALLAHASSEE, FLORIDA

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

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

Gail Nowacky

Name

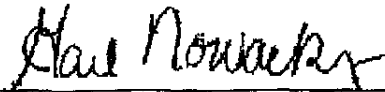
6150 SR 70E

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

Bradenton, FL 34203

(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.

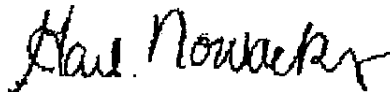


Registered Agent's Signature - Gail Nowacky

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

Gail Nowacky - 6103 55th Terr E, Bradenton, FL 34203 - Member



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.)

Gail Nowacky

Typed or printed name of signee

H03000229454