

L04000034215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

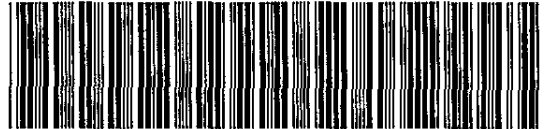
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/28/04--01041--018 **160.00

04 APR 28 PM 2:18
DIVISION OF CORPORATIONS
TAX & FEES

2005/05/04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Preventive Health Services, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William K. POWERS
(Name of Person)

Gardens Medical Park 3345 Burns Rd. #207
(Firm/Company)
(Address)
Palm Beach Gardens, FL
(City/State and Zip Code)

For further information concerning this matter, please call:

William K. POWERS at 561 691-9786
(Name of Person) (Area Code & Daytime Telephone Number)

04 APR 28 PM 2:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Preventive Health Services LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

Gardens Medical Park

Same

33415 Burns Rd. #207

Same

Palm Beach Gardens, FL 33411

Same

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

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

William K. Powers

Name

33415 Burns Rd #207


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

Palm Beach Gardens, FL 33411

City, State, and Zip

04 FEB 28 PM 2:18
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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, Florida Statutes..


Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

William K. Powers
14400 Earlwood
Jupiter, FL 33458

MGR

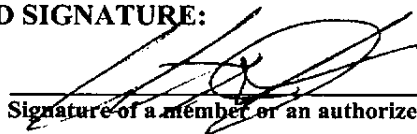
Kevin Johnson
105 Rainbow Fish Circle
Jupiter, FL 33477

(Use attachment if necessary)

04 APR 28 PM 2:18
CLERK OF SUPERIOR COURT
DIVISION OF CORPORATIONS

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

Kevin Johnson

Typed or printed name of signer

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)

* 160 ²