# Electronic Articles of Organization
# For
# Florida Limited Liability Company

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Sec. Of State
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## Article I

The name of the Limited Liability Company is:

THE CENTER FOR SLEEP MEDICINE AT WELLINGTON REGIONAL MEDICAL CENTER, P.L.

## Article II

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

13005 SOUTHERN BLVD.
MOB2, STE. 235
LOXAHATCHEE, FL. US 33470

The mailing address of the Limited Liability Company is:

13005 SOUTHERN BLVD.
MOB2, STE. 235
LOXAHATCHEE, FL. US 33470

## Article III

The purpose for which this Limited Liability Company is organized is:

THE COMPANY IS ORGANIZED FOR THE PURPOSE OF THE PRACTICE OFMEDICINE AND THE RENDITION OF MEDICAL SERVICES AND TRANSACTING ANY AND ALL LAWFUL BUSINESS APPURTENANT THERETO FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER §608.40

## Article IV

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

NIR M GOLDSTEIN M.D.
13005 SOUTHERN BLVD.
MOB2, STE. 235
LOXAHATCHEE, FL. 33470

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.

Registered Agent Signature: NIR M. GOLDSTEIN, M.D.

Signature of member or an authorized representative of a member

Signature: PAUL T. TRINLEY, ESQ., AUTH REP