# Electronic Articles of Organization For Florida Limited Liability Company

L04000083508 FILED 8:00 AM November 17, 2004 Sec. Of State dcushing

#### **Article I**

The name of the Limited Liability Company is: SAFECARE FAMILY MEDICAL CENTER LLC

#### **Article II**

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

4765 S. CONGRESS AVE. STE B LAKE WORTH, FL. 33461

The mailing address of the Limited Liability Company is:

P.O. BOX 210487 WEST PALM BEACH, FL. 33421

#### **Article III**

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

### **Article IV**

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

ABRAHAM SAFEEK 13479 ORCHID COURT WELLINGTON, FL. 33414

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: ABRAHAM SAFEEK

## **Article V**

The name and address of managing members/managers are:

Title: MGRM ABRAHAM SAFEEK 13479 ORCHID COURT WELLINGTON, FL. 33414

Signature of member or an authorized representative of a member

Signature: KAREN SENA

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