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CORPORATION(S) NAME

Precision Health Care New York LLC

☒ Profit  
☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

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W.P. Verifier



Empire Toll Free: 1-800-432-3028

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Precision Health Care New York LLC

**ARTICLE II - Address:**

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

1611 Island Way  
Weston, Florida 33326


**ARTICLE III - Registered Agent and Registered Office:**

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

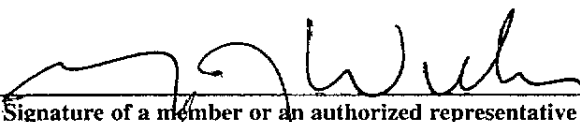
Gregory J. Willis  
Name  
1611 Island Way  
Florida street address (P.O. Box **NOT** acceptable)  
Weston FL 33326  
City, State and Zip

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*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

(An additional article must be added if an effective date is requested)

  
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.)

Gregory J. Willis, as V.P. for  
Typed or printed name of signee  
Precision Health Care, Inc.