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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

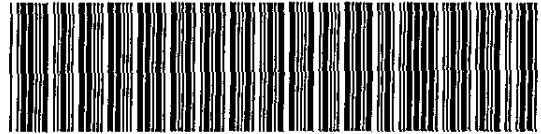
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Cust

TRANSMITTAL LETTER

TO: REGISTRATION SECTION  
DIVISION OF CORPORATIONS

SUBJECT: APPLE MEDICAL CENTER, LLC

THE ENCLOSED ARTICLES OF ORGANIZATION ARE  
SUBMITTED FOR FILING.

PLEASE RETURN ALL CORRESPONDENCE CONCERNING THIS  
MATTER TO THE FOLLOWING:

c/o MICHAEL L. LIMOND, ADMINISTRATOR  
APPLE MEDICAL CENTER, LLC  
20800 BISCAYNE BOULEVARD  
AVENTURA, FLORIDA 33180

FOR FURTHER INFORMATION, PLEASE CALL:

MICHAEL L. LIMOND - 305-935-3333

ENCLOSED IS A CHECK FOR THE FOLLOWING AMOUNT:

\$160.00 Filing fee, Certificate of Status, & Certified Copy  
(Additional Copy Enclosed)

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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is

APPLE MEDICAL CENTER, LLC

ARTICLE II

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

Principal Office Address

20800 Biscayne Blvd.  
Aventura, Florida 33180

Mailing Address


20800 Biscayne Blvd.  
Aventura, Florida 33180

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

The name and Florida street address of the Registered Agent is:

LIONEL BARNET, ESQ.  
9100 South Dadeland Boulevard  
Suite #404  
Miami, Florida 33156

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in the 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.



Signature of Registered Agent

ARTICLE IV - Manager(s) or Managing Membership(s)"

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

TITLE

NAME & ADDRESS

MANAGING MEMBERS

MICHAEL ROSE, M.D. MGRM

20800 Biscayne Boulevard  
Aventura, Florida 33180

DAVID LEHRMAN, M.D. MGRM

20800 Biscayne Boulevard  
Aventura, Florida 33180

ARTICLE V:

The effective date of this Limited Liability Company is September 1, 2005.



SIGNATURE OF MEMBER  
MICHAEL ROSE, M.D.

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SECRET  
TALAHUE

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