

Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Advanced Medical Healthcare Associates, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED  
LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I: NAME**

The name of the Limited Liability Company is:

**ADVANCED MEDICAL HEALTHCARE ASSOCIATES, LLC**

**ARTICLE II: Address**

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

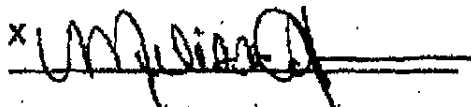
**7000 W OAKLAND PARK BLVD. SUITE 202  
SUNRISE, FL 33313**

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED  
AGENT SIGNATURE**

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

**MELISSA A. JOHNSON  
4450 NW 94TH TERRACE  
SUNRISE, FL 33351**

Having been named as registered agent 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.

x 

**MELISSA A. JOHNSON / Registered Agent's Signature**

**ARTICLE IV: MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

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**ADVANCED MEDICAL HEALTHCARE ASSOCIATES, LLC**

**ARTICLE V: MEMBERS (optional)**

**Managing Member:**

**MELISSA A. JOHNSON  
4450 NW 94TH TERRACE  
SUNRISE, FL 33351**

**Managing Member:**

**DR. LINDA VARISCO  
8333 NW 14TH COURT  
CORAL SPRINGS, FL33071**

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X 

**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.)**

**MELISSA A. JOHNSON**

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