

Division of Corporations

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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
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To:

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

From:

Account Name : PYLE & DELLINGER, PL.
Account Number : 120000000053
Phone : (386) 615-9007
Fax Number : (386) 676-2615

FLORIDA/FOREIGN LIMITED LIABILITY CO.**Prompt Care, PL**

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**ARTICLES OF ORGANIZATION
OF
PROMPT CARE, PL**

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The undersigned, for the purpose of forming a professional limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, and the Professional Service Corporation Limited Liability Company Act, Chapter 621, Florida Statutes, hereby executes the following Articles of Organization.

**ARTICLE I
NAME**

The name of the Limited Liability Company is **PROMPT CARE, PL**.

**ARTICLE II
ADDRESS**

The street address and the mailing address of the principal office of the Company is **75 Black Hickory Way, Ormond Beach, FL 32174**.

**ARTICLE III
REGISTERED OFFICE AND AGENT**

The name of the Registered Agent is **Michael Bess** and Florida street address of the registered agent is **75 Black Hickory Way, Ormond Beach, FL 32174**.

**ARTICLE IV
PURPOSE**

This is a professional limited liability company organized to practice medicine and all members shall be licensed physicians.

IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization on this 27 day of June, 2006


Michael Bess, Authorized Representative

**STATE OF FLORIDA
COUNTY OF VOLUSIA**

The foregoing instrument was acknowledged before me this 27 day of June, 2006, by **Michael Bess** who ☒ is personally known to me, or ☐ who presented a Florida drivers license or ☐ a _____ drivers license or ☐ _____, as identification.


Notary Public

(Printed Name)

My Commission Expires:



Michael A. Pyle

My Commission DD271368

Expires December 03, 2007

(In accordance with Section 608.408(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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PYLE&DELLINGER, PL

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ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, *Florida Statutes*.


Michael Bess, Registered Agent

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