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To: Division of Corporations
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From: Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.
COMPREHENSIVE PHYSICIAN CONSULTANTS, LLC**

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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:
COMPREHENSIVE PHYSICIAN CONSULTANTS, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:
931 VILLAGE BLVD., STE 905-512
WEST PALM BEACH FL 33409

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are:
STEPHEN P PANCZAK
931 VILLAGE BLVD., STE 905-512
WEST PALM BEACH FL 33409

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..



STEPHEN P PANCZAK Registered Agent's Signature

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COMPREHENSIVE PHYSICIAN CONSULTANTS, LLC

ARTICLE IV MANAGEMENT

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

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

STEPHEN P PANCZAK

931 VILLAGE BLVD., STE 905-512

WEST PALM BEACH FL 33409

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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.

NAME OF SIGNER STEPHEN P PANCZAK

Typed or printed name of signer

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