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FLORIDA/FOREIGN LIMITED LIABILITY CO.

New River MedExpress, PLLC

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

The undersigned Managing Member hereby signs these Articles of Organization for the purpose of forming a Professional Limited Liability Company in compliance with Chapter 607 and Chapter 621, Florida Statutes.

**ARTICLE I
NAME**

The name of the Professional Limited Liability Company is New River MedExpress, PLLC.

**ARTICLE II
PRINCIPAL OFFICE**

The mailing address and the street address of the principal office of the Professional Limited Liability Company is 11150 Red Hawk Street, Plantation, Florida 33324.

**ARTICLE III
PURPOSE**

The purpose for which the Professional Limited Liability Company is formed is to practice medicine.

**ARTICLE IV
REGISTERED AGENT AND REGISTERED OFFICE
REGISTERED AGENT'S SIGNATURE**

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

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

Having been named as registered agent to accept service of process for the above-named professional limited liability company at the place designated in this certificate, I am familiar with and accept appointment as registered agent and agree to act in this capacity.

CT Corporation System

Maria Edwards
Registered Agent's Signature

Maria Edwards Asst. Secretary

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**ARTICLE V
MANAGERS OR MANAGING MEMBERS**

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

MGRM

Bertram E. Wells, M.D.
11150 Red Hawk Street
Plantation, FL 33324

SIGNATURE:


Signature of Managing Member

In accordance with section 602.405(3), Florida Statutes, the execution of this document constitutes an admission under the penalties of perjury that the facts stated herein are true.

Bertram E. Wells, M.D., Managing Member
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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