

L08000033492

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000084370 3)))



H080000843703ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL
Account Number : 076077000521
Phone : (954) 527-2428
Fax Number : (954) 333-4001

FILED
08 APR -2 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Palm Springs Community Health Center, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

RECEIVED

08 APR -2 AM 6:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION
OF
PALM SPRINGS COMMUNITY HEALTH CENTER, LLC
a Florida Limited Liability Company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME. The name of the Limited Liability Company is PALM SPRINGS COMMUNITY HEALTH CENTER, LLC (the "Company").
2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing address for the Company is: c/o Comprehensive Community Care Network, Inc., 2330 S. Congress Avenue, West Palm Beach, Florida 33406.
3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Larry Leed, at 2330 S. Congress Avenue, West Palm Beach, Florida 33406.

The undersigned has executed these Articles of Organization on the 2nd day of April, 2008.

By: Larry Leed, Chief Operating Officer
Larry Leed, Authorized Representative

FILED
08 APR -2 AM 8:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA


**CERTIFICATION OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Palm Springs Community Health Center, LLC.
2. The name and address of the registered agent and office is:

Larry Leed
2330 S. Congress Avenue
West Palm Beach, Florida 33406

Having been named as registered agent and 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 its 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.


Larry Leed, Registered Agent

4/2/08
Date

FILED
08 APR -2 AM 8:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA