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Please give me the original filing date of 04-24-08. Thanks!

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Healthpoint Walk-In Care, LLC

D. BRUCE

APR 30 2008

EXAMINER

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

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April 25, 2008

FLORIDA DEPARTMENT OF STATE

RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.
Division of Corporations

SUBJECT: HEALTHPOINT WALK-IN CARE, LLC
REF: W08000020935

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H08000108921
Letter Number: 608A00025177

P.O BOX 6327 - Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
OF
HEALTHPOINT WALK-IN CARE, 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 HEALTHCARE WALK-IN CARE, LLC (the "Company").
2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing address for the Company is: 4902 Eisenhower Blvd., Tampa, Florida 33634.
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: Isaac Mallah at 4902 Eisenhower Blvd., Tampa, Florida 33634.

The undersigned has executed these Articles of Organization on the 24th day of April, 2008.

By: 

Isaac Mallah, Authorized Representative

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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: HEALTHPOINT WALK-IN CARE, LLC.
2. The name and address of the registered agent and office is:

Isaac Mallah
4902 Eisenhower Blvd.
Tampa, Florida 33634

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.


Isaac Mallah, Registered Agent

04-24-08
Date

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