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**EFFECTIVE DATE**  
4/20/09

**FILED**  
09 APR 20 AM 8:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**HOME VISITING PHYSICIANS, LLC**

Certificate of Status	1
Certified Copy	0
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**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**HOME VISITING PHYSICIANS, LLC**

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The street address of the principal office of the Limited Liability Company is:

**2107 BUNKER VIEW CT  
KISSIMMEE, FL 34746**

The mailing address of the principal office of the Limited Liability Company is:

**2107 BUNKER VIEW CT  
KISSIMMEE, FL 34746**


**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

**LATCHMAN HARDOWAR MD  
2107 BUNKER VIEW CT  
KISSIMMEE, FL 34746**

*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 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..*

  
\_\_\_\_\_  
LATCHMAN HARDOWAR MD / Registered Agent's Signature

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**ARTICLE IV- Manager(s) or Managing Member(s):**

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

"MGR" = Manager


"MGRM" = Managing Member

LATCHMAN HARDOWAR MD, MGMR  
2107 BUNKER VIEW CT  
KISSIMMEE, FL 34746

**ARTICLE V: Effective date, if other than the date of filing: APRIL 20, 2009**

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



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.)

**LATCHMAN HARDOWAR MD**

Typed or printed name of signee

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