

LU9000116960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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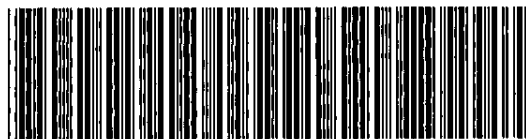
(Business Entity Name)

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EXAMINER

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CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

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CONTACT: ASHLEY SMITH

DATE: 12-09-2009

REF. #: 000177.115833

CORP. NAME: COMPASS HEALTH CARE MANAGEMENT, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 532877 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | |
|--|---|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING |
| <input type="checkbox"/> CERTIFICATE OF STATUS | |

☒ PLAIN STAMPED COPY

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
COMPASS HEALTH CARE MANAGEMENT, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is COMPASS HEALTH CARE MANAGEMENT, LLC (the "Company").

ARTICLE II - Address:

The mailing address and street address of the principal office of the Company is 1065 N. E. 125th Street, #409, North Miami, Florida 33161.

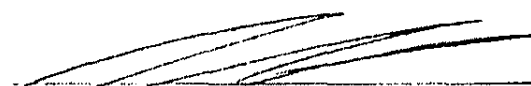
ARTICLE III - Registered Agent:

The street address of the initial registered office of the Company shall be is 1065 N. E. 125th Street, #409, North Miami, Florida 33161, and the name of the initial registered agent of the Company at that address is Dawn Steinberg.

ARTICLE IV - Management:

The Company is to be manager managed.

IN WITNESS WHEREOF, the undersigned, pursuant to laws of the State of Florida, has executed these Articles of Organization as of 10/29, 2009.



Scott D. Segal, M.D., Authorized Signatory

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STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.

Dawn Steinberg
Dawn Steinberg

Dated: 10/29, 2009