

Corporate 13056752811
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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (300)494-3124
Fax Number : (561)455-9885

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Choice Care Health Services, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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FEB 12 2010

EXAMINER

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TALLAHASSEE, FLORIDA

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

In compliance with Chapter 608 and/or 621, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

CHOICE CARE HEALTH SERVICES, LLC

ARTICLE II ADDRESS

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

1744 RODEO DR.

TALLAHASSEE, FL 32311

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**The name and the Florida street address of the registered agent are:
GABRIEL OTUONYE

1744 RODEO DR.

TALLAHASSEE, FL 32311

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Having been named as registered agent 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..

X 
GABRIEL OTUONYE / Registered Agent's signature

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CHOICE CARE HEALTH SERVICES, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER:
GABRIEL OTUONYE

1744 RODEO DR.
TALLAHASSEE, FL 32311

MANAGING MEMBER:
DR. AMECHI ERONDU, M.D.

1744 RODEO DR.
TALLAHASSEE, FL 32311

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TALLAHASSEE, FLORIDA

X

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.

GABRIEL OTUONYE

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