

Division of Corporations

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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 : GM FINANCIAL GROUP
Account Number : 119980000102
Phone : (954)428-8899
Fax Number : (954)428-6699

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2010 JUL 23 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.
ALLIED MEDICAL & RESEARCH, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

T. CLINE
JUL 26 2010
EXAMINER

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Articles of Organization of

ALLIED MEDICAL & RESEARCH, LLC

a Florida limited Liability Company

The undersigned organizer(s) for the purpose of forming a Limited Liability Company under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Organization.

2010 JUL 23 AM 9:40
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TALLAHASSEE, FLORIDA

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ARTICLE I - NAME

The name of the limited liability company shall be:

ALLIED MEDICAL & RESEARCH, LLC

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of the limited liability company shall be:

810 S STATE RD 7
PLANTATION, FL 33317

Filed:
GM Financial Group Limited, Inc.
c/o Barbara KLupt
1166 W. Newport Center Drive
Suite 211
Deerfield Beach, FL 33442
(954) 428-8899
(954) 428-6699 Fax

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ARTICLE III - Registered Agent

The name and address of registered agent is:

SHALIZ WILLIAMS-PIERRE
810 S STATE RD 7
PLANTATION, FL 33317

Having been named as registered agent and to accept service of process for the above 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.

2019 JUL 23 AM 9:40
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ARTICLE IV - Name and Address of Manager(s)

Title: _____ Name and Address:

"MGR'S"

I.S.J.P. & Co. Inc.
4416 W BROWARD BLVD
PLANTATION, FL 33317
And
J.S.P. Enterprises, Inc.
5651 SW 2ND STREET
PLANTATION, FL 33317

ARTICLE V - AMENDMENTS

The limited liability company reserves the right to amend, alter, change, or repeal any provision in these Articles of Organization, or in any amendment hereto, or to add any provision to these Articles of Organization or to any amendment hereto, in any manner now or hereafter prescribed or permitted by the provisions of any applicable statute of the State of

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Florida, and all rights conferred upon manager(s) in these Articles or any amendment hereto are granted subject to this reservation.

ARTICLE VI - PURPOSES

Business Purpose: Visiting Physician Services

ARTICLE VI - POWERS OF LIMITED LIABILITY COMPANY

The Limited Liability Company shall have the same powers as an individual to do all things necessary or convenient to carry out its business and affairs, subject to any limitations or restrictions imposed by applicable law or these Articles of Organization.

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TALLAHASSEE, FLORIDA

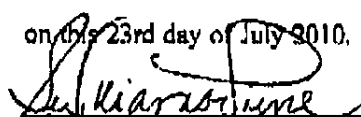
ARTICLE VII - TERM OF EXISTENCE

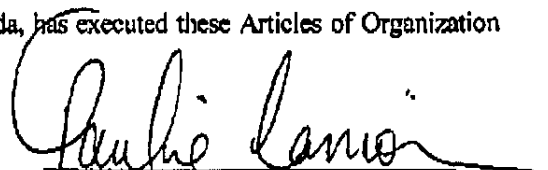
This limited liability company shall have perpetual existence.

ARTICLE VII - EFFECTIVE DATE

These Articles of Organization shall be effective immediately upon approval of the Secretary of State, State of Florida.

THE UNDERSIGNED Manager(s), for the purpose of forming a limited liability company under the laws of the State of Florida, has executed these Articles of Organization on this 23rd day of July 2010.


SHALIZ WILLIAMS-PIERRE


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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.407, Florida Statutes, the undersigned limited liability company organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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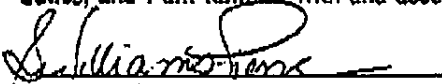
1. The name of the Limited Liability Company is:

ALLIED MEDICAL & RESEARCH, LLC

2. The registered agent and office is:

SHALIZ WILLIAMS-PIERRE
810 S STATE RD 7
PLANTATION, FL 33317

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 accepted 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.


SHALIZ WILLIAMS-PIERRE

7-23-10
Date

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