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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



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MAIL

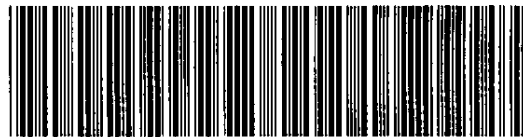
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 JAN 27 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JAN 28 2011

EXAMINER

BRUCE G. TEMKIN
ATTORNEY AT LAW

100 PEARL STREET
FOURTEENTH FLOOR
HARTFORD, CONNECTICUT 06103-4508
860-249-7249
FAX 860-249-7001
e-mail: btemkin@BruceTemkin.com

VIA FEDERAL EXPRESS
January 26, 2010

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
11 JAN 27 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: Articles of Organization For Florida Limited Liability Company

To Whom It May Concern:

Enclosed please find two (2) copies each of Articles of Organization for Focus Health Management, LLC and Focus Musculoskeletal Health Management, LLC for filing. Also enclosed is a check in the amount of \$310.00 for the filing fees and certified copies.

Please return the certified copies of the filing to our office at the above listed address in the enclosed self addressed stamped envelope.

Please call me if you have any questions.

Sincerely,



Bruce G. Temkin

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Focus Health Management, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bruce G. Temkin, Esq.

Name of Person

Attorney Bruce G. Temkin, LLC

Firm/Company

100 Pearl Street, 14th Floor

Address

Hartford, CT 06103

City/State and Zip Code

sphelps@brucetemkin.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Phelps

Name of Person

at (860) 249-7249

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Focus Health Management, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

8250 Bryan Dairy Road, Suite 110
Largo, Florida 33777

Mailing Address:

8250 Bryan Dairy Road, Suite 110
Largo, Florida 33777

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:

Michael Bojkovic

Name

8250 Bryan Dairy Road, Suite 110

Florida street address (P.O. Box **NOT** acceptable)

Largo

FL 33777

City, State, and Zip

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..

M. Bojkovic

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Focus Health, Inc.
8250 Bryan Dairy Road, Suite 110
Largo, Florida 33777

MGRM

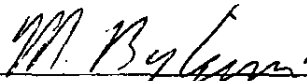
Focus Musculoskeletal Health, Inc.
100 Pearl Street, 14th Floor
Hartford, CT 06103

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Michael Bojkovic

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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