Division of Corporations

Page 1 of

Page 1 of

Page 2 of San Octoopers

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110000795793)))



H110000795793APICE

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this p	age.
Doing so will generate another cover sheet.	>

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Addount Name

RUDEN, MCCLOBKY, SMITH, SCHUSTER & RUSSELL

Addount Number : 076077000521 Phone : (954)527-2428

Fax Number : (954)333-4001

Y OF ATAIE SEE, FRORIDA

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

mail Address. primepices@yahoo.com

FLORIDA LIMITED LIABILITY CO.

Prime Vascular Access, LLC

ME.CETVED

11 HAR 25 PM 4: 56

ECRETARY OF STATE

LLAHASSEE. FLORIDA

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	. \$130.00

D. BRUCE

MAR 28 2011

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION OF PRIME VASCULAR ACCESS, LLC a Florida Limited Liability Company

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

- 1. NAME. The name of the Limited Liability Company is: PRIME VASCULAR ACCESS, LLC (the "Company").
- 2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing address for the Company is: 4427 Snapper Drive, Sebring, Florida 33870.
- 3. <u>REGISTERED AGENT.</u> The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Thomas E. Price, at 4427 Snapper Drive, Sebring, Florida 33870.

The undersigned has executed these Articles of Organization on the day of March, 2011.

Thomas E. Price, Adhorized Representative

RM:7897901:1

CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: PRIME VASCULAR ACCESS, LLC.
- 2. The name and address of the registered agent and office is:

Thomas E. Price 4427 Snapper Drive Sebring, Florida 33870

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 its 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.

Thomas B. Price, Registered Agent

Data

RM:7897901:1