Florida Department of State

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FLORIDA LIMITED LIABILITY CO.

New Care Medical A.C.O., L.L.C.

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EXAMINER

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#-11000134938-3

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

NEW CARE MEDICAL A.C.O., L.L.C.

ARTICLE II ADDRESS

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

1217 S EAST AVENUE, STE 304 SARASOTA, FLORIDA 34239

<u>ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE</u>

The name and the Florida street address of the registered agent are:

CRAIG L BARCOMB, D.C. 1217 S EAST AVENUE, STE 304 SARASOTA, FLORIDA 34239

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.

CRAIG L BARCOMB, D.C. / Registered Agent's signature

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ARTICLE IV MANAGEMENT

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

ARTICLE Y MEMBERS (optional)

MANAGING MEMBER
CRAIG L BARCOMB, D.C.
1217 S EAST AVENUE, STE 304
SARASOTA, FLORIDA 34239

MANAGING MEMBER GUNNAR C BARCOMB 1217 S EAST AVENUE, STE 304 SARASOTA, FLORIDA 34239 2011 HAY 10 PH 12: 48
PALLAHASSEE FI SIAIE.

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.

CRAIG L BARCOMB, D.C.

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