

L11000087182

Division of Corporations

Page 1 of 1

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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.

(((H11000191867 3)))



H110001918673ABC1

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

L. SELLERS**JUL 29 2011****EXAMINER**

To:

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

From:

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.
Account Number : 076077000521
Phone : (954) 527-2428
Fax Number : (954) 333-4028

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

Email Address:

barbara.morrisette@ppsofflo.org

**FLORIDA LIMITED LIABILITY CO.
Health Services of South Florida LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

RECEIVED**11 JUL 28 PM 3:46****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Electronic Filing Menu

Corporate Filing Menu

Help

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA****11 JUL 28 AM 10:31****FILED**



Ruden, McClosky
200 East Broward Boulevard
Fort Lauderdale, Florida 33301
(954) 764-6660 Main Office
(954) 764-4996 Main Fax

Fax Cover Sheet

To: FL SOS Division of Corporations
Company:
Date: 7/28/2011 3:38:26 PM
Fax Number: 18506176383 Pages: 4
From: Sallee, Anne E.
Direct Phone: (954) 527-2428 Direct Fax: (954) 333-4028
Client: 39821 Matter: 0003

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE (IF LONG DISTANCE, PLEASE CALL COLLECT) AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

11 JUL 28 AM 10:31
STATE
TALLAHASSEE
FLORIDA

FILED

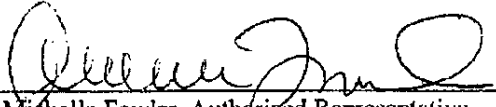
**ARTICLES OF ORGANIZATION
OF
HEALTH SERVICES OF SOUTH FLORIDA LLC
a Florida Limited Liability Company**

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: HEALTH SERVICES OF SOUTH FLORIDA LLC (the "Company").
2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing address for the Company is: 2300 N. Florida Mango Road, West Palm Beach, FL 33409.
3. REGISTERED AGENT. 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:

John A. Foley, Esq.
423 Fern Street, Suite 200
West Palm Beach, FL 33401

The undersigned has executed these Articles of Organization on the 28th day of July, 2011.

By: 
Michelle Fowler, Authorized Representative

FILED
14 JUL 28 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

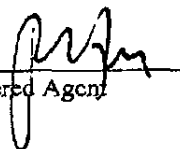
**CERTIFICATION OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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: Health Services of South Florida, LLC.
2. The name and address of the registered agent and office is:

John A. Foley, Esq.
423 Fern Street, Suite 200
West Palm Beach, FL 33401

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.



John A. Foley, Esq. Registered Agent

7/28/11

(Date)