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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : GREENSPOON MARDER, P.A.
Account Number : 076064003722
Phone : (888) 491-1120
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: jackydi@aol.com

W12-20702

FLORIDA LIMITED LIABILITY CO.
ProCare Medical Management LLC

Certificate of Status	1
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Estimated Charge	\$160.00

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Help

B Tadlock APR 13 2012

Tadlock, Brenda

From: Mark Somerstein <mark.somerstein@gmlaw.com>
Sent: Friday, April 13, 2012 3:03 PM
To: Tadlock, Brenda
Cc: Barry Stark
Subject: FW: ProCare Medical (Articles) - Filing w/ DOS 4/13/12
Attachments: 1641_001.pdf

Ms. Tadlock, thank you for speaking to me... as I advised, the owner of ProCare Medical Management, Inc (one of the members of ProCare Medical Management, LLC) has authorized the use of the name ProCare Medical Management, LLC...per your request, I am reattaching the incorporation documents...should you need anything further please email me or call me, thank you

GreenspoonMarder
ATTORNEYS AT LAW

Mark K. Somerstein
Shareholder
Greenspoon Marder, P.A.
200 E. Broward Boulevard, 15th Floor
Fort Lauderdale, FL 33301
954-527-2415
mark.somerstein@gmlaw.com

Please note my email address has changed.

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A portion of our practice involves the collection of debt and any information you provide will be used for that purpose if we are attempting to collect a debt from you.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ProCare Medical Management LLC

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

ARTICLE II - Address:

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

Principal Office Address:

2663 Birch Terrace
Davie, FL 33330-1331

Mailing Address:

2663 Birch Terrace
Davie, FL 33330-1331

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:

Krystal Diaz

Name

2663 Birch Terrace

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

Davie

FL

33330-1331

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.

Krystal Diaz

Registered Agent's Signature (REQUIRED)

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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

Krystal Diaz

2683 Birch Terrace

Davie, FL 33330-1331

(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:

Krystal Diaz

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.)

Krystal Diaz

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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