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**FLORIDA LIMITED LIABILITY CO.
ADVANCED HEALTH ALLIANCE LLC**

Certificate of Status	0
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EXAMINER

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**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:

ADVANCED HEALTH ALLIANCE LLC

ARTICLE II ADDRESS

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

413 SE 13TH STREET
CAPE CORAL, FLORIDA 33990

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

AMY WILLIAMS
413 SE 13TH STREET
CAPE CORAL, FLORIDA 33990

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.

x 
AMY WILLIAMS Registered Agent's signature

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PAGE 2 ADVANCED HEALTH ALLIANCE LLC

ARTICLE IV MANAGEMENT

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

ARTICLE V MANAGERS

MANAGER
AMY WILLIAMS
413 SE 13TH STREET
CAPE CORAL, FLORIDA 33990

MANAGER
STEVEN ROTH
138 NE 2ND AVENUE
MIAMI, FLORIDA 33132

MANAGER
LUISA VILCHEZ
7007 WASHINGTON AVENUE, STE 340
WHITTIER, CALIFORNIA 90601

.....

x *Amy Williams*

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.

AMY WILLIAMS

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