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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 1 2 2012

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: Integrity Healthcare Locums, LLC		
Name of Limited Liability Company		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Steven I. Greenwald, Esq. Name of Person		
Law Offices of Steven I. Greenwald, P.A.		
Firm/Company	·	
6971 North Federal Highway, Suite 105	,_	
Address		
Boca Raton, Florida 33487	TAT 123	12
City/State and Zip Code		SEP
sigreenwaldlaw@att.net		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Steven I. Greenwald, Esq. at (561) 994-5560		州1:17
Name of Person Area Code & Daytime Telephone Number	3 .	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is cn} Certified Copy (add	us &	
No. 115 - A. 1.1		

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Integrity Healthcare Locums, L	LC
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2944 Needham Court Delray Beach, FL 33445	2944 Needham Court Delray Beach, FL 33445
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Steven I. Greenwald, Esq.	
Name	
6971 North Federal Highway, Suite 105	
Florida street addr	ess (P.O. Box NOT acceptable)
Boca Raton	_{FL} 33487
City, State	e, 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Timothy P. Devereux 2944 Needham Court Delray Beach, FL 33445 MGRM Lascia R. Devereux 2944 Needham Court Delray Beach, FL 33445 Christopher P. Noel **MGRM** 6468 Blue Grosbeak Circle Bradenton, FL 34202 (Use attachment if necessary) (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: _ (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:**

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.)

Christopher P. Noel
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)

ARTICLE V CONTINUED:

Timothy P. Devereux

Lascia R. Devereux

(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.)

12 SEP 11 AM 11: 18 SECRETARY OF STATE