

## Division of Corporations

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**FLORIDA LIMITED LIABILITY CO.  
P4C Jacksonville, LLC**

Certificate of Status	0
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Page Count	02
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**D. BRUCE**

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**EXAMINER**

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**ARTICLES OF ORGANIZATION  
OF  
P4C JACKSONVILLE, LLC**

The undersigned organizer, who is the authorized representative of P4C Jacksonville, LLC (the "Company") under the Florida Limited Liability Company Act, hereby adopts the following Articles of Organization.

**ARTICLE I - NAME**

The name of the Company is P4C Jacksonville, LLC.

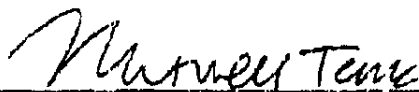
**ARTICLE II - PRINCIPAL OFFICE**

The street address of the principal office and the mailing address of this Company are 4501 Shirley Avenue, Jacksonville, Florida 32210.

**ARTICLE III - INITIAL REGISTERED AGENT AND ADDRESS**

The name and street address of the initial registered agent are Mitchell Terk, M.D., 4501 Shirley Avenue, Jacksonville, Florida 32210.

IN WITNESS WHEREOF, the undersigned authorized representative has executed the foregoing Articles of Organization on the 14 day of November, 2012.



Mitchell D. Terk, M.D.  
Member

APPROVED  
AND  
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12 NOV 15 AM 9:59  
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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION  
OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, P4C JACKSONVILLE, LLC, A FLORIDA LIMITED LIABILITY COMPANY, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is P4C Jacksonville, LLC.
2. The name and the Florida street address of the registered agent and office are Mitchell Terk, M.D., 4301 Shirley Avenue, Jacksonville, Florida 32210.

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

  
\_\_\_\_\_  
Mitchell D. Terk, M.D.

Date: November 15, 2012

APPROVED  
AND  
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