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EFFECTIVE DATE 01-2013

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Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
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FLORIDA LIMITED LIABILITY CO.  
CHOICE PHYSICIANS OF SOUTH FLORIDA, PLLC

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EXAMINER

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## Articles of Organization of

### Choice Physicians of South Florida, PLLC

The undersigned natural person(s), of the age of eighteen years or more, acting as organizers of a professional limited liability company under the State of Florida Professional Limited Liability Company Act, adopt(s) the following Articles of Organization for such professional limited liability company.

#### Article 1. Name of Professional Limited Liability Company

Name of the Professional Limited Liability Company is Choice Physicians of South Florida, PLLC.

#### Article 2. Registered Office and Registered Agent

The initial registered office of this limited liability company and the name of its initial registered agent at this address are:

The Law Offices of Max A. Adams, Esq., PLLC  
325 Almeria Avenue  
Coral Gables, FL. 33134

#### Article 3. Statement of Purposes

The purposes for which this limited liability company is organized are:

Healthcare and patient care

#### Article 4. Management and Names and Addresses of Initial Manager

This will be a member-managed company. The name and address of each managing member are as follows:

Title: MGRM  
Name: Tiffany Sizemore  
Address: 1409 SE 1<sup>st</sup> Avenue  
Fort Lauderdale, FL. 33316

Title: MGRM  
Name: Camilo Ruiz  
Address: 1409 SE 1<sup>st</sup> Avenue  
Fort Lauderdale, FL. 33316

#### Article 5. Principal Place of Business of the Limited Liability Company

The principal place of business of the limited liability company shall be:

Address: 1409 SE 1<sup>st</sup> Avenue  
Fort Lauderdale, FL. 33316

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**Article 6. Period of Duration of the Limited Liability Company**

The period of duration of the limited liability company shall be:

"Perpetual"

**Article 7. Company Existence**

The Company's existence shall begin effective as of 01/20/2013

The authorized members executed these Articles of Organization on 01/20/2013.

  
Max A. Adams, Attorney in Fact

1/20/13  
DATE

**STATEMENT OF REGISTERED AGENT**

**PROFESSIONAL LIMITED LIABILITY COMPANY:**


CHOICE PHYSICIANS OF SOUTH FLORIDA, PLLC.

**REGISTERED AGENT/OFFICE:**

The Law Offices of Max A. Adams, Esq., PLLC  
325 Almeria Avenue  
Coral Gables, FL. 33134

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I agree to act as registered agent to accept service of process for the company named above at the place designated in this Statement. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.

  
The Medi-Law Firm, by  
Max A. Adams, Attorney in Fact

1/20/13  
DATE

Registered Agent for  
CHOICE PHYSICIANS OF SOUTH FLORIDA, PLLC.

Date: 01/20/2013

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