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Division of Corporations

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Florida Department of State  
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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: Robert.Finkelstein@gmail.com

FLORIDA LIMITED LIABILITY CO.  
Premier Healthcare Associates, LLC

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**ARTICLES OF ORGANIZATION  
OF  
PREMIER HEALTHCARE ASSOCIATES, LLC**

**ARTICLE I  
Name**

The name of the Limited Liability Company is Premier Healthcare Associates, LLC (the "Company").

**ARTICLE II  
Address**

The mailing address and the street address of the principal office of the Company is 6771 Professional Pkwy West, Suite 203, Sarasota, Florida 34240.

**ARTICLE III  
Registered Agent**

The name of the Company's registered agent in the State of Florida is Robert Finkelstein, D.O. and the address of the Company's registered office is 6771 Professional Pkwy West, Suite 203, Sarasota, Florida 34240.

**ARTICLE IV  
Duration**

The period of duration for the Company shall be perpetual.

**ARTICLE V  
Management**

The Company is to be a manager-managed company and the name and address of the initial manager is:

Robert Finkelstein, D.O.  
6771 Professional Pkwy West, Suite 203  
Sarasota, Florida 34240

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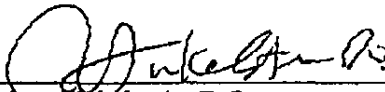
**ARTICLE VI**  
**Admission of Additional Members**

Additional members shall be admitted as provided in the Company's Operating Agreement.

**ARTICLE VII**  
**Members' Rights to Continue Business**

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any member shall not cause the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event, the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization of Premier Healthcare Associates, LLC this 28 day of June, 2013.

  
\_\_\_\_\_  
Robert Finkelstein, D.O.,  
Authorized Representative

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

PURSUANT TO THE PROVISIONS OF SECTION 608.407 OR 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is Premier Healthcare Associates, LLC
2. The name and address of the registered agent and office is: Robert Finkelstein, D.O., 6771 Professional Pkwy West, Suite 203, Sarasota, Florida 34240.

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent.*

  
Robert Finkelstein, D.O.

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