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Fax Audit Number (((H13000161669 3)))

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SHERIDAN HEALTHCORP, INC.
Account Number : I20000000045
Phone : (954) 838-2769
Fax Number : (954) 851-1780

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.****

Email Address: adriana.tejeda@shcr.com

FLORIDA LIMITED LIABILITY CO.
Wellness of Jupiter Medical Specialists, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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JUL 22 2013
L. SELLERS

13 JUL 19 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

13 JUL 19 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Fax Audit Number (((H13000161669 3)))

**ARTICLES OF ORGANIZATION OF
WOMEN'S HEALTH AND WELLNESS OF
JUPITER MEDICAL SPECIALISTS, LLC**

ARTICLE I - NAME

The name of this limited liability company is Women's Health and Wellness of Jupiter Medical Specialists, LLC (the "Company").

ARTICLE II - DURATION

The existence of the Company shall be perpetual, unless and until terminated pursuant to Florida law.

ARTICLE III - PURPOSE

The Company is organized for the purpose of transacting any or all business permitted under the Florida Limited Liability Company Act of the State of Florida.

ARTICLE IV - PRINCIPAL OFFICE ADDRESS

The mailing and street address of the principal office of this Company, unless and until relocated, is 1613 North Harrison Parkway, Suite 200, Sunrise, Florida 33323.

**ARTICLE V - REGISTERED AGENT
AND REGISTERED OFFICE**

The mailing and street address of the initial registered office of this Company is 1613 North Harrison Parkway, Suite 200, Sunrise, Florida 33323; and the name of the initial registered agent at that address is Jay A. Martus.

ARTICLE VI - MEMBERSHIP

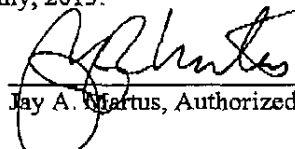
The Company will have a sole Member that will hold all of the units and interests of the Company.

ARTICLE VIII - ORGANIZER

The name and address of the authorized representative signing these Articles of Organization on behalf of the Company is:

Jay A. Martus
1613 North Harrison Parkway, Suite 200
Sunrise, FL 33323

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization of the Company this 19th day of July, 2013.


Jay A. Martus, Authorized Representative

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JUL 19 PM 2:01
CLERK OF STATE
TALLAHASSEE, FLORIDA

Fax Audit Number (((H13000161669 3)))

**CERTIFICATE DESIGNATING THE ADDRESS
AND AN AGENT UPON WHOM PROCESS MAY BE SERVED**

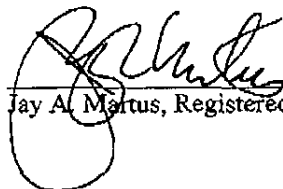
That Wellness of Jupiter Medical Specialists, LLC (the "Company"), desiring to organize under the laws of the State of Florida, has named Jay A. Martus as its agent to accept service of process within this State at its Registered Office as follows:

1613 North Harrison Parkway
Suite 200
Sunrise, FL 33323

ACKNOWLEDGMENT:

Having been named to accept service of process for the Company, at the place designated in this Certificate, I hereby agree to act in this capacity, and further, I agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.0505, Florida Statutes.

Dated this 19th day of July, 2013.


Jay A. Martus, Registered Agent