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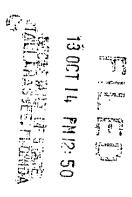
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seacrest Physician Services, 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:

Jordan L. Litten

Name of Person

Banyan Health Care Products, Inc.

Firm/Company

2828 S. Seacrest Blvd. Suite 202

Address

Boynton Beach, FL 33435

City/State and Zip Code

jlitten@banyanhealthcare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jordan L. Litten

.561

445-2886

Name of Person

Area Code & Daytime Telephone Number S

Enclosed is a check for the following amount:

■\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

(additional copy is enclosed)

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

ility Company, "L.L.C.," or "LLC.") rincipal office of the Limited Liability Mailing Address: 2828 S. Seacrest Blvd. Suite 202 Boynton Beach, FL 33435 d Office, & Registered Agent's Signate and individual or	 ature:
Mailing Address: 2828 S. Seacrest Blvd. Suite 202 Boynton Beach, FL 33435 d Office, & Registered Agent's Sign	 ature:
Mailing Address: 2828 S. Seacrest Blvd. Suite 202 Boynton Beach, FL 33435 d Office, & Registered Agent's Sign	 ature:
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Boynton Beach, FL 33435 d Office, & Registered Agent's Sign	
d Office, & Registered Agent's Sign	
registered agent are:	13 8
7	
dress (P.O. Box NOT acceptable)	
5 _{FL}	7:50
ate, and Zip	M 8
this certificate, I hereby accept the appoints. I further agree to comply with the te performance of my duties, and I am	pointment as provisions of familiar with
	dress (P.O. Box NOT acceptable) Solution of the service of process for the above this certificate, I hereby accept the appoint the performance of my duties, and I am egistered agent as provided for in Chaptage 1.

(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:

	Name and Address:
"MGR" = Manager "MGRM" = Managing Mambar	
"MGRM" = Managing Member	
MGRM	Jordan L. Litten
	2828 S. Seacrest Blvd., Suite 202
	Boynton Beach, FL 33435
MGR	Could I Marrie
WGK	Scott J. Marcus
	21551 Kapok Circle
	Boca Raton, FL 33433
-	
	•
	
(Use attachment if necessary)	
(Use attachment if necessary)	-
	the date of filing: (OPTIONAL)
CLE V: Effective date, if other than teffective date is listed, the date mu	ust be specific and cannot be more than five business days
CLE V: Effective date, if other than t	ust be specific and cannot be more than five business days
CLE V: Effective date, if other than teffective date is listed, the date mu	ust be specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.	ust be specific and cannot be more than five business days
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LE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.	ust be specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing.	ust be specific and cannot be more than five business days
LE V: Effective date, if other than to ffective date is listed, the date must or 90 days after the date of filing. REQUIRED SIGNATURE:	ust be specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation und I am aware that any false info	ust be specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must or 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation und I am aware that any false info	nber or an authorized representative of a member. 508.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true formation submitted in a document to the Department of State

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)