

L13000159208

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000249679 3)))



H130002496793ABCE

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383 Effective Date 11-8-13

From:

Account Name : BROAD AND CASSEL (BOCA RATON)

Account Number : 076376001555

Phone : (561) 483-7000

Fax Number : (561) 483-7321

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

Email Address: jennifer.ziolkowski@opismr.com

**FLORIDA LIMITED LIABILITY CO.
Alpha Bridge Healthcare Consulting, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2013 NOV 12 AM 9:08

RECEIVED
13 NOV 12 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

Electronic Filing Menu Corporate Filing Menu

NOV 13 2013
Help

Fax Audit Number: H13000249679 3

ARTICLES OF ORGANIZATION

OF

ALPHA BRIDGE HEALTHCARE CONSULTING, LLC

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of this limited liability company shall be: ALPHA BRIDGE HEALTHCARE CONSULTING, LLC.

ARTICLE II

The mailing address and street address of the principal office of the limited liability company shall be 10150 Highland Manor Drive, Suite 300, Tampa, Florida 33610, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

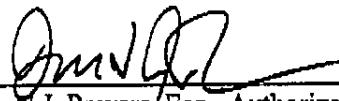
ARTICLE III

The initial registered office of this limited liability company is 7777 Glades Road, Suite 300, Boca Raton, Florida 33434. The initial registered agent at that address is David J. Powers, Esquire.

ARTICLE IV

This limited liability company shall commence its existence on November 8, 2013 and shall exist perpetually thereafter unless sooner dissolved.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 8th day of November, 2013.


David J. Powers, Esq., Authorized
Representative of Member

Fax Audit Number: H13000249679 3

2013 NOV 12 AM 9 08

Fax Audit Number: H13000249679 3

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

Pursuant to the provisions of section 608.415, Florida Statutes, the limited liability company referenced below submits the following statement in designating the registered office/registered agent, in the State of Florida.

FIRST -- The name of the limited liability company is Alpha Bridge Healthcare Consulting, LLC.

SECOND -- The name and address of the registered agent and office is:

David J. Powers, Esq.
7777 Glades Road
Suite 300
Boca Raton, Florida 33434

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 I am familiar with and accept the obligations of my position as registered agent.

Dated this 8th day of November, 2013.



David J. Powers, Esq., Registered Agent

2013 NOV 12 AM 9:08

Fax Audit Number: H13000249679 3