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(97)

***First Prevention & Dialysis Center, LLC  
4300 N. Ocean Blvd, Unit 19D  
Fort Lauderdale, FL 33308  
571-212-7070***

Registration Section  
Division of Corporations  
P.O. Box 6327  
Clifton Building  
Tallahassee, FL 32314

SUBJECT: Articles for Organization for First Prevention & Dialysis Center, LLC

Dear Sirs:

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

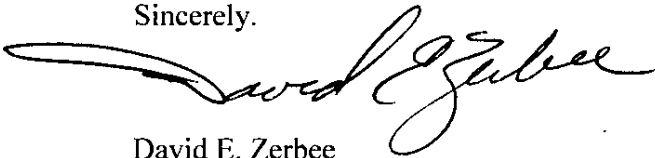
David E. Zerbee  
4300 N. Ocean Blvd, Suite 19D  
Fort Lauderdale, FL 33308

This address is also to be used for future annual report notification.

For further information concerning this matter, please call me at 571-212-7070. Please also find

Enclosed is a check for the \$125.00 Filing Fee.

Sincerely,



David E. Zerbee

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DIVISION OF CORPORATIONS  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 15, 2014

DAVID E ZERBEE  
4300 N OCEAN BLVD  
SUITE 19D  
FORT LAUDERDALE, FL 33308

SUBJECT: FIRST PREVENTION & DIALYSIS CENTER, LLC  
Ref. Number: W14000002863

We have received your document for FIRST PREVENTION & DIALYSIS CENTER, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 10, 2014. Please amend your document accordingly.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6951.

JENNA D HARRIS  
Regulatory Specialist II

Letter Number: 014A00001006

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DIVISION OF CORPORATIONS  
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ARTICLES OF  
ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

Name: The name of the Limited Liability Company is:

**First Prevention & Dialysis Center, LLC**

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address: 8363 Pines Blvd., Pembroke Pines, FL 33024**

**Mailing Address: 8363 Pines Blvd., Pembroke Pines, FL 33024**

ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

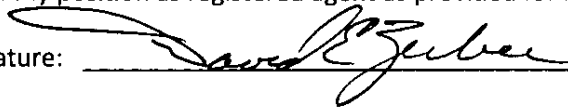
**Name: David E. Zerbee**

**Florida street address : 4300 N. Ocean Blvd, Suite 19D**

**City, State, and Zip: Fort Lauderdale, FL 33308**

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 as provided for in Chapter 605, F.S..

Registered Agent's Signature: \_\_\_\_\_



(CONTINUED)

ARTICLE IV

Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: Managing Member (MGRM)

**Name / Address: David E. Zerbee, MGRM,**

**4300 N. Ocean Blvd, Suite 19D Fort Lauderdale, FL 33308**

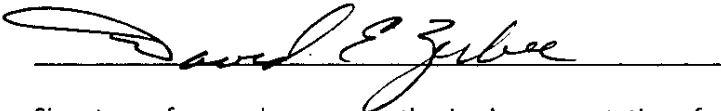
**Name / Address: Betty Verbal, MGRM,**

**8363 pines Blvd., Pembroke Pines, FL 33024**

ARTICLE V

Effective date should be the date of filing.

SIGNATURE:

A handwritten signature in cursive script, appearing to read "David E. Zerbee", is written over a horizontal line.

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

David E. Zerbee

Typed or printed name of signee