

Division of Corporations

Page 1 of 1

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.

(((H14000095549 3)))



H140000955493ABC4

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

## From:

Account Name : GREENSPOON MARDER, P.A.  
Account Number : 076064003722  
Phone : (888) 491-1120  
Fax Number : (954) 343-6962

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

Email Address: jon@apexphysiciangroup.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
APEX BEHAVIORAL HEALTH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

APR 23 2014

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

H14000095549

**AMENDED AND RESTATED  
ARTICLES OF ORGANIZATION  
OF  
APEX BEHAVIORAL HEALTH, LLC  
a Florida Limited Liability Company**

Pursuant to Section 605.0202 of the Florida Revised Limited Liability Company Act, **APEX BEHAVIORAL HEALTH, LLC**, a Florida limited liability company ("**Company**"), through the undersigned, as its authorized representative, certifies that:

A. The Articles of Organization of the Company were filed by the Florida Department of State on February 25, 2014, and assigned Florida document number L14000032480.

B. The Articles of Organization are hereby amended and restated in their entirety to read as follows:

1. NAME. The name of the Limited Liability Company is: **APEX BEHAVIORAL HEALTH, LLC**.

2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address for the principal office of the Company is: 145 NW Central Park Plaza, Suite 115, Port St. Lucie, Florida 34986.

3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: John J. McKenzie, 8517 Belfry Place, Port St. Lucie, Florida 34986.

4. MANAGEMENT. Initially, the Company shall be manager-managed and the initial managers are as listed below; provided, that the Company may determine, from time to time, to become member managed or change its managers from time to time and the Company reserves the right to update such information through its annual report filings, amendments to the Company's operating agreement, or as otherwise provided by applicable law; provided, further, that any actions taken by or on behalf of the Company, including the execution and delivery of any documentation, must be approved by unanimous consent of the managers to the extent required by the Company's operating agreement.

Managers

Jon J. McKenzie  
8517 Belfry Place  
Port St. Lucie, FL 34986

Nicholas Boatman  
245 NE MacArthur Boulevard #5  
Stuart, FL 34996

Edward T. Gorman  
117 SE Seminole St.  
Stuart, FL 34994

FILED

2014 APR 22 PM 1:39

RECEIVED  
OFFICE OF STATE  
TALLAHASSEE, FLORIDA

H14000095549

The undersigned has executed these Amended and Restated Articles of Organization on the  
22nd day of April, 2014.

By:   
Jon J. McKenzie, Authorized Representative

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 APR 22 PM 1:39

FILED

H14000095549

**CERTIFICATION OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0013, FLORIDA STATUTES, THE LIMITED LIABILITY COMPANY NAMED BELOW 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: APEX BEHAVIORAL HEALTH, LLC
2. The name and the Florida street address of the registered agent are:

Jon J. McKenzie  
8517 Belfry Place  
Port St. Lucie, Florida 34986

*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 relative 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.*

  
Jon J. McKenzie, Registered Agent

Date: April 22, 2014

2014 APR 22 PM 1:39  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED