

L14000052107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300258214033

300258214033  
03/28/14--01003--018 \*\*125.00

RECEIVED  
2014 MAR 28 PM 11:15  
SUFFICIENCY OF FILING

2014 MAR 28 PM 11:15

2014 MAR 28 PM 2:01  
OFFICE OF STATE  
FALL ANNUAL FILING

FILED

MAR 31 2014  
D. BRUCE

**CT/Corporation System**

March 28, 2014

Secretary of State, Florida  
2661 Executive Circle Center  
Tallahassee FL 32301

Re: Order #: 9096027 SO  
Customer Reference 1: None Given  
Customer Reference 2: None Given

Dear Secretary of State, Florida :

Please obtain the following:

Primary Care MD LLC (FL)  
Formation  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 . Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

**FILED**  
2014 MAR 28 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
PRIMARY CARE MD LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is **Primary Care MD LLC**

**ARTICLE II: - Address**

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

**2007 Palm Beach Lakes Boulevard  
West Palm Beach, FL 33409**

**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**  
The name and the Florida street address of the registered agent are:

**CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324**

*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.*

CT Corporation System, as Registered Agent

By:   
Name: \_\_\_\_\_  
Title: **Angel Nunez**  
**Assistant Secretary**

**ARTICLE IV: - Management**

The name and address of each person authorized to manage and control the limited liability company is as follows:

Title:

AMBR

Name and Address:

MD Now Medical Centers, Inc.  
2007 Palm Beach Lakes Boulevard  
West Palm Beach, FL 33409

**FILED**  
2014 MAR 28 PM 2:01  
CLERK OF STATE  
TALLAHASSEE FLORIDA

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on March 27, 2014.

  
\_\_\_\_\_  
Peter Lamelas, M.D., 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 Section 817.155, Florida Statutes.)

Peter Lamelas, M.D.  
\_\_\_\_\_  
Typed or printed name of signee