

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L14000106508
FILED 8:00 AM
July 07, 2014
Sec. Of State
tcline**

Article I

The name of the Limited Liability Company is:

A PLUS CENTRAL FLORIDA HEALTH CARE LLC

Article II

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

478 E ALTAMONTE DR
108-723
ALTAMONTE SPRINGS, FL. US 32701

The mailing address of the Limited Liability Company is:

478 E ALTAMONTE DR
108-723
ALTAMONTE SPRINGS, FL. US 32701

Article III

Other provisions, if any:

ANY AND ALL LAWFUL PURPOSE

Article IV

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

RENU VARDHAN
360 CROWN OAK CENTRE DR
LONGWOOD, FL. 32750

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.

Registered Agent Signature: RENU VARDHAN

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGRM
JUNIAS DESAMOUR
478 E ALTAMONTE DR, SUITE 108-723
ALTAMONTE SPRINGS, FL. 32701 US

Title: MGRM
MARIE DESAMOUR
478 E ALTAMONTE DR, SUITE 108-723
ALTAMONTE SPRINGS, FL. 32701 US

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Signature of member or an authorized representative

Electronic Signature: JUNIAS DESAMOUR

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.