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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SHERIDAN HEALTHCORP, INC.
Account Number : I20000000045
Phone : (954) 838-2769
Fax Number : (954) 851-1780

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

Email Address: adriana.tejada@shcr.com

RECEIVED
14 OCT -8 PM 12:00
DIVISION OF CORPORATIONS
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INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
Primary Care Services of Jupiter Medical Specialists, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

FILED
OCT 8 2014
TALLAHASSEE, FLORIDA

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October 7, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SHERIDAN HEALTHCORP, INC.

SUBJECT: PRIMARY CARE SERVICES OF JUPITER MEDICAL SPECIALISTS, LLC
REF: W14000061085

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

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.

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) 245-6051.

Elliott R McCaskill
Registration Specialist II

FAX Aud. #: H14000232332
Letter Number: 314A00021430

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OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

Fax Audit Number ((H14000232332 3))

**ARTICLES OF ORGANIZATION OF
WOMEN'S HEALTH AND WELLNESS OF
PRIMARY CARE SERVICES OF JUPITER MEDICAL SPECIALISTS, LLC**

ARTICLE I - NAME

The name of this limited liability company is Primary Care Services of Jupiter Medical Specialists, LLC (the "Company").

ARTICLE II - DURATION

The existence of the Company shall be perpetual, unless and until terminated pursuant to Florida law.

ARTICLE III - PURPOSE

The Company is organized for the purpose of transacting any or all business permitted under the Florida Limited Liability Company Act of the State of Florida.

ARTICLE IV - PRINCIPAL OFFICE ADDRESS

The mailing and street address of the principal office of this Company, unless and until relocated, is 1613 North Harrison Parkway, Suite 200, Sunrise, Florida 33323.

**ARTICLE V - REGISTERED AGENT
AND REGISTERED OFFICE**

The mailing and street address of the initial registered office of this Company is 1613 North Harrison Parkway, Suite 200, Sunrise, Florida 33323; and the name of the initial registered agent at that address is Jillian E. Marcus.

ARTICLE VI - MEMBERSHIP

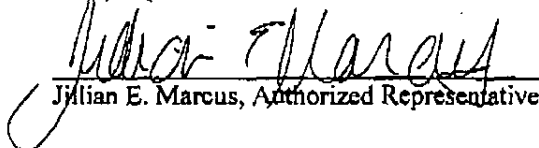
The Company will have a sole Member that will hold all of the units and interests of the Company.

ARTICLE VIII - ORGANIZER

The name and address of the authorized representative signing these Articles of Organization on behalf of the Company is:

Jillian E. Marcus
1613 North Harrison Parkway, Suite 200
Sunrise, FL 33323

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization of the Company this 3rd day of October, 2014.


Jillian E. Marcus, Authorized Representative

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CLERK OF CIRCUIT COURT
JANUARY 10, 2015
ALLIANCE, FL 0000

Fax Audit Number ((H14000232332 3))

**CERTIFICATE DESIGNATING THE ADDRESS
AND AN AGENT UPON WHOM PROCESS MAY BE SERVED**

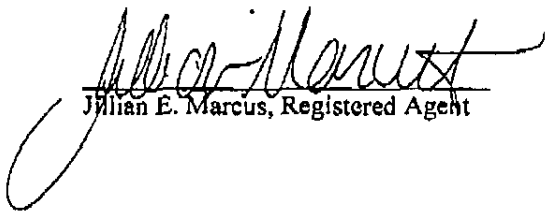
That Primary Care Services of Jupiter Medical Specialists, LLC (the "Company"), desiring to organize under the laws of the State of Florida, has named Jillian E. Marcus as its agent to accept service of process within this State at its Registered Office as follows:

1613 North Harrison Parkway
Suite 200
Sunrise, FL 33323

ACKNOWLEDGMENT:

Having been named to accept service of process for the Company, at the place designated in this Certificate, I hereby agree to act in this capacity, and further, I agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 605 Florida Statutes.

Dated this 3rd day of October, 2014.


Jillian E. Marcus, Registered Agent

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14 OCT -6 PM 4:31
JILLIAN E. MARCUS
ALLAHSEE, FLORIDA