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(Address)

(Address)

(City/State/Zip/Phone #)

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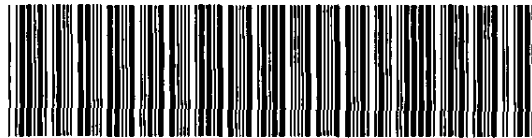
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DEPARTMENT OF REVENUE

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15 JAN 22 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 23 2015

T. BROWN



January 22, 2015

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 9415480 SO
Customer Reference 1: 45792.0003
Customer Reference 2:

Dear Department of State, Florida :

Please obtain the following:

PREMIERMD DIRECT PRIMARY CARE LLC (FL)
Formation
Florida

PREMIERMD DIRECT PRIMARY CARE LLC (FL)
Cert Copy of Articles of Org
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

**ARTICLES OF ORGANIZATION
OF
PREMIERMD DIRECT PRIMARY CARE LLC**

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15 JAN 22 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

**ARTICLE I
Name**

The name of the Limited Liability Company is **PREMIERMD DIRECT PRIMARY CARE LLC** (the "Company").

**ARTICLE II
Address**

The mailing address and street address of the principal office of the Company is located at 3465 Galt Ocean Drive, #101, Fort Lauderdale, Florida 33308, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

**ARTICLE III
Registered Agent**

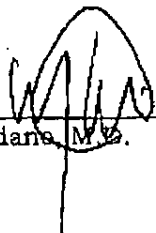
The name of the Company's registered agent in the State of Florida is Victor Toledano, M.D., and the address of the Company's registered office is 3465 Galt Ocean Drive, #101, Fort Lauderdale, Florida 33308.

**ARTICLE IV
Duration**

The period of duration for the Company shall be perpetual.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization of **PREMIERMD DIRECT PRIMARY CARE LLC** this 21st day of January, 2015.

MEMBER:



Victor Toledano, M.D.


**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED
15 JAN 22 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, 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: **PREMIERMD DIRECT PRIMARY CARE LLC**
2. The name and address of the registered agent and office is: Victor Toledano, M.D., 3465 Galt Ocean Drive, #101, Fort Lauderdale, Florida 33308.

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent.



Victor Toledano, M.D.