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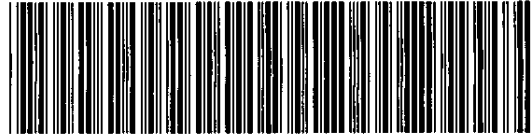
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T SCHROEDER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

## FILING COVER SHEET

ACCT. #FCA-23

**CONTACT:** SAVANNAH DEBOER

**DATE:** July 7<sup>th</sup>, 2015

**REF. #:** 9623600

**CORP. NAME:** AVENTURA NEUROLOGY CONSULTANTS, LLC

☐ ARTICLES OF INCORPORATION    ☐ ARTICLES OF AMENDMENT    ☐ ARTICLES OF DISSOLUTION

☐ ANNUAL REPORT    ☐ TRADEMARK/SERVICE MARK    ☐ FICTITIOUS NAME

☐ FOREIGN QUALIFICATION    ☐ LIMITED PARTNERSHIP    ☒ LIMITED LIABILITY

☐ REINSTATEMENT    ☐ MERGER    ☐ WITHDRAWAL

☐ CERTIFICATE OF CANCELLATION

☐ OTHER:

STATE FEES PREPAID WITH CHECK # 31192752 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- ☒ CERTIFIED COPY  
☐ CERTIFICATE OF GOOD STANDING  
☐ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
AVENTURA NEUROLOGY CONSULTANTS, LLC**

**ARTICLE I  
Name**

The name of the Limited Liability Company is Aventura Neurology Consultants, LLC (the "Company").

**ARTICLE II  
Address**

The street address of the principal office of the Company is 21000 NE 28<sup>th</sup> Avenue, Suite 205, Aventura, Florida 33180 and the mailing address is P.O. Box 160010, Hialeah, Florida 33016.

**ARTICLE III  
Registered Agent**

The name of the Company's registered agent in the State of Florida is Neuroscience Consultants, LLP and the address of the Company's registered office is 9960 NW 116 Way, Suite 13, Medley, Florida 33178.

**ARTICLE IV  
Duration**

The period of duration for the Company shall be perpetual.

**ARTICLE V  
Management**

The Company is to be a member-managed company and the name and address of the initial member is:


Neuroscience Consultants, LLP  
P.O. Box 160010  
Hialeah, Florida 33016

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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization of AVENTURA NEUROLOGY CONSULTANTS, LLC this 13 day of July, 2015.

**MEMBER:**

Neuroscience Consultants, LLP, a Florida limited liability partnership

By:   
Lanny Pauley, Chief Operating Officer  
and Authorized Representative

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

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 **AVENTURA NEUROLOGY CONSULTANTS, LLC**
2. The name and address of the registered agent and office is: Neuroscience Consultants, LLP, 9960 NW 116 Way, Suite 13, Medley, Florida 33178.

*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.*

Neuroscience Consultants, LLP, a Florida  
limited liability partnership

By:   
Lanny Pauley, Chief Operating Officer

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