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FLORIDA LIMITED LIABILITY CO.
Accountable Care Network of Independent Physicians,

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I — Name:

The name of the Limited Liability Company is:

Accountable Care Network of Independent Physicians, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II — Address:

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

**Mailing Address: c/o David A. Holmes
Farr, Farr, Emerich, Hackett, Carr & Holmes, P.A.
99 Nesbit Street
Punta Gorda, Florida 33950**

**Street Address: 99 Nesbit Street
Punta Gorda, FL 33950**

ARTICLE III — Registered Agent, Registered Office, & Registered Agent's Signature:

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

**David A. Holmes
99 Nesbit Street
Punta Gorda, Florida 33950**

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.

David A. Holmes, Registered Agent

ARTICLE IV — Management

The Limited Liability Company is a member managed company.

David A. Holmes, Authorized Representative of a Member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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