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

Email Address: bmann@nasonyeager.com

FLORIDA LIMITED LIABILITY CO.  
Florida Medical Support Services, LLC

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**ARTICLES OF ORGANIZATION**  
**OF**  
**FLORIDA MEDICAL SUPPORT SERVICES, LLC**

I, the undersigned authorized representative of the Members, hereby make, acknowledge and file these 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 this Limited Liability Company is:

FLORIDA MEDICAL SUPPORT SERVICES, LLC

**ARTICLE II**  
**ADDRESS**

The street address and mailing address of the principal office is:

2328 10<sup>th</sup> Avenue N., Suite 301  
Lake Worth, FL 33461

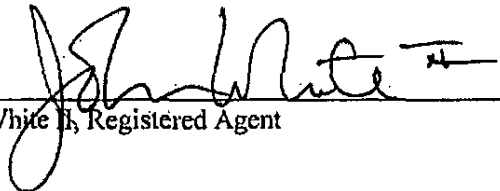
**ARTICLE III**  
**CERTIFICATE OF DESIGNATION OF**  
**REGISTERED AGENT/REGISTERED OFFICE**

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

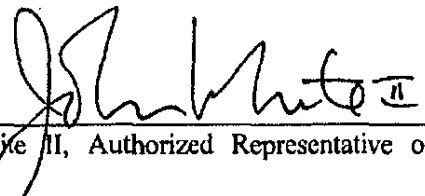
John White II  
3001 PGA Blvd.  
Suite 305  
Palm Beach Gardens, FL 33410

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*Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.*

  
John White II, Registered Agent

**IN WITNESS WHEREOF**, the undersigned authorized representative of the Members has made and subscribed these Articles of Organization at Palm Beach Gardens, Florida, for the uses and purposes aforesaid, this 22<sup>nd</sup> day of June, 2016.

  
John White II, Authorized Representative of the Members

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