

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L16000218679  
FILED 8:00 AM  
December 02, 2016  
Sec. Of State  
jafason

**Article I**

The name of the Limited Liability Company is:  
PRIME CARE FAMILY MEDICAL CENTERS, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
4141 SW 6TH STREET  
CORAL GABLES, FL. US 33134

The mailing address of the Limited Liability Company is:  
4141 SW 6TH STREET  
CORAL GABLES, FL. US 33134

**Article III**

The name and Florida street address of the registered agent is:  
JENNIFER R REED  
21345 SW 183 AVE  
MIAMI, FL. 33187

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.

Registered Agent Signature: JENNIFER REED

## **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
PRIME HEALTH HOLDINGS, LLC  
11027 GARDEN RIDGE COURT  
DAVIE, FL. 33328 US

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Signature of member or an authorized representative

Electronic Signature: LUIS ZAYAS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.