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 Florida Department of State  
 Division of Corporations  
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To:  
 Division of Corporations  
 Fax Number : (850) 617-6381

From:  
 Account Name : SHUMAKER, LOOP & KENDRICK LLP  
 Account Number : 075500004387  
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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:** sdtonney@tonneyhealthcare.com

**FLORIDA LIMITED LIABILITY CO.  
 PROTUTY SYSTEMS LLC**

Certificate of Status	0
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 17 JAN -5 AM 11:16  
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**ARTICLES OF ORGANIZATION****OF****PROTUIITY SYSTEMS LLC****ARTICLE I – Name**

The name of the Limited Liability Company is Protuity Systems LLC.

**ARTICLE II – Address**

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

16113 Turnbury Oak Drive  
Odessa, FL 33556

**ARTICLE III – Management**

The Limited Liability Company shall be manager-managed by one or more managers elected as provided in the Operating Agreement of the Limited Liability Company. The name, address and title of the initial Manager that is authorized to manage and control the Limited Liability Company is:

<b>Title</b>	<b>Name and Address</b>
MGR	Sam D. Toney, M.D. 16113 Turnbury Oak Drive Odessa, FL 33556

**ARTICLE IV – Indemnification**

The Limited Liability Company shall, to the full extent permitted by Section 605.0408, of the Florida Statutes, as amended from time to time, indemnify all persons whom it may indemnify pursuant thereto. The indemnification provided by this Article IV shall not limit or exclude any rights, indemnities or limitations of liabilities to which any person may be entitled, whether as a matter of law, under the regulations of the limited liability company, by agreement or otherwise.

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**ARTICLE V - Registered Agent and Registered Address**

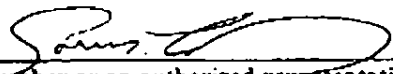
The name and the Florida street address of the registered agent are:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

*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.*

Brandi Verduich 1-4-2017 ASST VP  
Signature of Registered Agent

IN WITNESS WHEREOF, I have signed these Articles of Organization as a member or an authorized representative of a member and acknowledged them to be my act this 4<sup>th</sup> day of January, 2017.

  
Signature of a member or an authorized representative of a member

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in section 817.155, Florida Statutes.)

Sam D. Toney  
Typed or printed name of signer

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