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## FLORIDA LIMITED LIABILITY CO.

# Treasure Coast Integrated Healthcare, LLC

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# ARTICLES OF ORGANIZATION OF

### TREASURE COAST INTEGRATED HEALTHCARE, LLC

The undersigned organizer, who is the authorized representative of Treasure Coast Integrated Healthcare, LLC (the "Company") under the Florida Revised Limited Liability Company Act (the "Act"), hereby adopts the following Articles of Organization:

## **ARTICLE I - NAME**

The name of the Company is Treasure Coast Integrated Healthcare, LLC.

### ARTICLE II - PRINCIPAL OFFICE

The street address of the principal office of the Company is 200 Hospital Avenue, Stuart, Florida 34994 and the mailing address of the Company is P.O. Box 9010, Stuart, Florida 34995.

#### ARTICLE III - INITIAL REGISTERED AGENT AND ADDRESS

The name and street address of the initial registered agent are Marian Wossum and 200 Hospital Avenue, Stuart, Florida 34994.

#### ARTICLE IV - MANAGEMENT

The Company shall be a manager-managed limited liability company.

#### ARTICLE V - EFFECTIVE DATE

These Articles of Organization shall be effective as of March 1, 2017.

IN:WITNESS WHEREOF, the undersigned authorized representative has executed the foregoing Articles of Organization on this <u>28</u> day of February, 2017.

1 Jana

Marian Wossum

Authorized Representative

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### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0201, Florida Statutes, the undersigned submits the following statement to designate a registered office and registered agent in the state of Florida.

- 1. The name of the Limited Liability Company is Treasure Coast Integrated Healthcare, LLC.
- 2. The name and mailing address of the registered agent are Marian Wossum and 200 Hospital Avenue, Stuart, Florida 34994.

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, THE UNDERSIGNED HEREBY ACCEPTS THE APPOINTMENT AS REGISTERED AGENT AND AGREES TO ACT IN THIS CAPACITY. THE UNDERSIGNED FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF HER DUTIES AND IS FAMILIAR WITH AND ACCEPTS THE OBLIGATIONS OF HER POSITION AS REGISTERED AGENT.

Registered Agent

Date: February 28, 2017.

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