

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

L17000051646  
FILED 8:00 AM  
March 02, 2017  
Sec. Of State  
gmcleod

**Article I**

The name of the Limited Liability Company is:  
NORTH BROWARD NEUROLOGY, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
1725 UNIVERSITY DRIVE  
425  
CORAL SPRINGS, FL. 33071

The mailing address of the Limited Liability Company is:  
PO BOX 160010  
1111  
HIALEAH, FL. 33016

**Article III**

Other provisions, if any:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
PERFORMANCE MEDICAL MANAGEMENT, LLC  
9960 NW 116 WAY  
STE 7  
MEDLEY, FL. 33178

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: LANNY PAULEY

## **Article V**

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

Title: MGR  
PERFORMANCE MEDICAL MANAGEMENT, LLC  
9960 NW 116 WAY, STE 7  
MEDLEY, FL. 33178

Title: MGR  
LANNY PAULEY  
9960 NW 116 WAY, STE 7  
MEDLEY, FL. 33178

Title: MGR  
BERNARD GRAN  
9960 NW 116 WAY, STE 7  
MEDLEY, FL. 33178

Title: MGR  
BRUCE KOHRMAN  
9960 NW 116 WAY, STE 7  
MEDLEY, FL. 33178

Title: MGR  
VICTOR FARADJI  
9960 NW 116 WAY, STE 7  
MEDLEY, FL. 33178

Title: MGR  
JORGE MARCOS  
9960 NW 116 WAY, STE 7  
MEDLEY, FL. 33178

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## **Article VI**

The effective date for this Limited Liability Company shall be:

03/02/2017

Signature of member or an authorized representative

Electronic Signature: LANNY PAULEY

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.

Mar. 6. 2017 4:14PM

No. 2120 P. 3/3

North Broward Neurology, PA  
1725 University Drive Ste 425  
Coral Springs, FL 33071

L17000051646

February 23, 2017

Florida Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: North Broward Neurology, LLC**

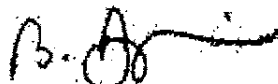
Dear Sir or Madam:

The undersigned, as President of North Broward Neurology, P.A., a Florida professional corporation, hereby authorizes use of the name "North Broward Neurology, LLC", a to-be-formed Florida limited liability company. Any potential name conflicts are hereby waived.

Thank you.

Sincerely,

North Broward Neurology, P.A., a  
Florida professional corporation  
Document Number P05000130401



By: \_\_\_\_\_

Brad Dajani, M.D., President