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

From:

Account Name : GEORGE F. INDEST III, P.A. - THE HEALTH LAW FIRM
Account Number : I20000000056
Phone : (407)331-6620
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FLORIDA LIMITED LIABILITY CO.
Multicare Health Systems, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
OF
Multicare Health Systems, LLC
(A Florida Limited Liability Company)

Pursuant to the provisions of Florida Statutes and the consent of all of the members, this Florida professional limited liability company adopts the following Articles of Organization:

ARTICLE I
Name and Duration

The name of this Limited Liability Company is Multicare Health Systems, LLC (hereinafter referred to as the "Company"). The duration of the Company shall be perpetual.

ARTICLE II
Principal Office & Mailing Address

The street address of the principal office of the Company is:

634 Deltona Boulevard
Suite B
Deltona, Florida 32725

or such other place as the members may determine from time to time.

The mailing address for the Company is:

P.O. Box 954208
Lake Mary, Florida 32795

ARTICLE III
Registered Office and Agent

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

Faisal Tawwab, M.D.
634 Deltona Boulevard
Suite B
Deltona, Florida 32725

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TALLAHASSEE, FLORIDA

ARTICLE IV
Company Purposes, Powers, and Rights

1. The nature of the business to be conducted or promoted and the purposes of the Company are to own and operate various medical practices, clinics, related health care services and ancillary businesses associated therewith, as well as any and all other purposes permitted by law.

2. The Company shall have all of the powers granted to a limited liability company under the laws of the State of Florida, including, without limitation, the powers specifically enumerated in Chapter 605, Florida Statutes.

ARTICLE V
Members

1. The Members of the Company are set forth in the Company's records.

2. Additional Members may be admitted from time to time only upon the written consent of the Members as provided in the Company's Operating Agreement (Regulations), and under the terms and conditions upon which such consent may be conditioned.

ARTICLE VI
Amendment

The Members shall have the right to amend, alter, change, or repeal any provision contained in these Articles of Organization in the manner now or hereafter prescribed by a written agreement among the Members.

ARTICLE VII
Regulations

The power to adopt, alter, amend, or repeal an Operating Agreement (Regulations) for the management of this Company shall be vested in the Members.

ARTICLE VIII
Member-Managers

The names and addresses of the Member-Managers of the Limited Liability Company are:

Member-Managers: Faisal Tawwab, M.D.
Abdul Quyyum Ahmed, M.D.
P.O. Box 954208
Lake Mary, Florida 32795

ARTICLE IX
Transferability of a Member's Interest

A Member's interest in the Company may be transferred only with the written consent of all the remaining Members as described in the Operating Agreement (Regulations). Subject to the terms of a written agreement among the Members, without such consent, the transferee shall not be entitled to become a Member of the Company, but shall be entitled only to the share of profits, other compensation, or return of contributions to which the transferor otherwise would be entitled.

The Date of Adoption of these Articles of Organization is: June 1, 2017.

The Effective Date of these Articles of Organization is: June 1, 2017, or when filed with the Secretary of State.

These Articles of Organization were approved by all of the members and all of the managers.

SIGNED this 1st day of June 2017.

**ORGANIZER & AUTHORIZED REPRESENTATIVE OF:
MULTICARE HEALTH SYSTEMS, LLC**



LANCE O. LEIDER, J.D., LL.M.
THE HEALTH LAW FIRM

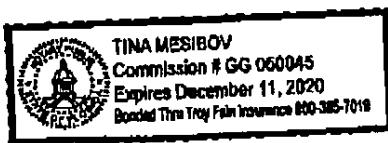
ACKNOWLEDGMENT

STATE OF FLORIDA)
COUNTY OF SEMINOLE)

The foregoing instrument was acknowledged before me on this 1st day of June 2017, by Lance O. Leider, who is personally known to me, acting as the Authorized Representative and Organizer of this Company.



NOTARY PUBLIC-STATE OF FLORIDA



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CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE
OF
MULTICARE HEALTH SYSTEMS, LLC

PURSUANT TO THE PROVISIONS OF SECTION 605.0113(2), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY 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:

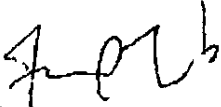
Multicare Health Systems, LLC

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

Faisal Tawwab, M.D.
634 Deltona Boulevard
Suite B
Deltona, Florida 32725

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.

By:


Faisal Tawwab, M.D.

/ Date

6/1/17

LOL

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