

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

L17000175963
FILED 8:00 AM
August 17, 2017
Sec. Of State
jareyes

Article I

The name of the Limited Liability Company is:

PREMIER MEDICAL CENTER OF BOYNTON BEACH, LLC

Article II

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

1325 SOUTH CONGRESS AVENUE
109
BOYNTON BEACH, FL. US 33426

The mailing address of the Limited Liability Company is:

12008 SOUTH SHORE BLVD
108
WELLINGTON, FL. US 33414

Article III

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

NANCY BROWN
12008 SOUTH SHORE BLVD
108
WELLINGTON, FL. 33414

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: NANCY BROWN

Article IV

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

Title: AMBR
PROVIDERS HEALTH ALLIANCE, LLC
12008 SOUTH SHORE BLVD #108
WELLINGTON, FL. 33414 US

Title: MGR
MONICA CLECKLEY
12008 SOUTH SHORE BLVD #108
WELLINGTON, FL. 33414 US

Title: MGR
NANCY BROWN
12008 SOUTH SHORE BLVD #108
WELLINGTON, FL. 33414 US

Signature of member or an authorized representative

Electronic Signature: NANCY BROWN

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.