

Division of Corporations

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

From:

Account Name : GREENSPOON MARDER, P.A.
Account Number : 076064003722
Phone : (888) 491-1120
Fax Number : (954) 343-6962

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**FLORIDA LIMITED LIABILITY CO.
MULTISPECIALTYHEALTHCARE, LLC**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION
OF
MULTISPECIALTYHEALTHCARE, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is Multispecialtyhealthcare, LLC.

ARTICLE II - Duration:

The period of duration for the Limited Liability Company shall begin with the filing of these Articles with the Florida Department of State, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company or Florida law.

ARTICLE III - Address:

The mailing address and street address of the principal office of the Limited Liability Company is 2964 N. State Road 7, Suite 210, Margate, Florida 33063.

ARTICLE IV - Registered Agent:

The name and address of the initial registered agent for this Limited Liability Company is Greenspoon Marder, P.A., 200 East Broward Blvd., Suite 1800, Fort Lauderdale, Florida 33301.

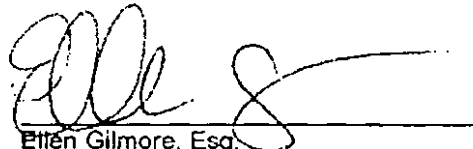
ARTICLE V - Management:

The Limited Liability Company is to be managed by a manager and the name and address of the initial manager who is to serve as manager is:

Michael Funk, MD
2964 N. State Road 7
Suite 210
Margate, Florida 33063

The manager of this Limited Liability Company: (i) may be replaced by the members, and (ii) shall be elected by the members, as provided for in the Operating Agreement of this Limited Liability Company.

Whereof, the undersigned has executed these Articles the 10th day of October, 2017.



Ellen Gilmore, Esq.
Authorized Representative of Member

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

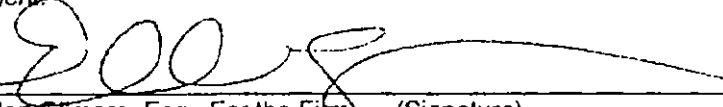
Multispecialtyhealthcare, LLC

2. The name and address of the registered agent and office is:

Greenspoon Marder, P.A. (the "Firm")
200 East Broward Blvd., Suite 1800
Fort Lauderdale, Florida 33301

By: 
Ellen Gilmore, Esq., For the Firm

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 Firm hereby accepts the appointment as registered agent and agrees to act in this capacity. The Firm further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the Firm is familiar with and accepts the obligations of its position as registered agent.


Ellen Gilmore, Esq., For the Firm (Signature)

October 10, 2017
(Date)