Electronic Articles of Organization For Florida Limited Liability Company

L18000045717 FILED 8:00 AM February 07, 2018 Sec. Of State crico

Article I

The name of the Limited Liability Company is:

PRIMECARE FAMILY MEDICAL CENTER BROWARD LLC

Article II

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

6000 WEST ATLANTIC BLVD STE 2 MARGATE, FL. US 33063

The mailing address of the Limited Liability Company is:

7765 NW 48TH STREET #300 DORAL, FL. US 33166

Article III

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

RENE CASANOVA MD 6000 WEST ATLANTIC BLVD STE 2 MARGATE, FL. 33063

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: RENE CASANOVA

Article IV

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

Title: MGR RENE CASANOVA MD 7765 NW 48TH STREET #300 DORAL, FL. 33166 US L18000045717 FILED 8:00 AM February 07, 2018 Sec. Of State crico

Article V

The effective date for this Limited Liability Company shall be:

02/01/2018

Signature of member or an authorized representative

Electronic Signature: RENE CASANOVA

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.

L.18-0066, 45-717

February 15, 2018 VIA OVERNIGHT MAIL

Florida Department of State Division of Corporations

RE: Document Number: W18000013223

Entity Name: PRIMECARE FAMILY MEDICAL CENTER BROWARD LLC

Tracking Number: 100308965091 / Letter Number: 180209094138-100308965091

AFFIDAVIT OF RELEASE

STATE OF FLORIDA COUNTY OF MIAMI-DADE

BEFORE ME, on this 15th day of February 2018, LUIS ZAYAS, personally appeared before me, and being duly sworn, deposes and says:

- 1. THAT Affiant, served as President of Prime Care Family Medical Centers of Broward, LLC (Document Number L16000218679);
- 2. THAT Affiant has no intention of reinstating Prime Care Family Medical Centers of Broward, LLC;
- 3. THAT Affiant RELEASES the name Prime Care Family Medical Centers of Broward, LLC for use to another entity.

Dated this 15th day of February 2018.

Luis Zayas

4141 SW 6th Street

Coral Gables, Florida 33134

305-363-3674

STATE OF FLORIDA COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me, this 15th day of February ,2018, by

LUIS ZAYAS, who is personally known to me.

JENNIFER REED
Commission # FF 236203
My Commission Expires
June 01, 2019

Notary Public, State of Florida

7900 Oak Lane, Suite 400 Miami Lakes, Florida 33016 Phone: (786) 456-5036