

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

**L18000257605
FILED 8:00 AM
November 02, 2018
Sec. Of State
jafason**

Article I

The name of the Limited Liability Company is:

REVAMED HEALTHCARE PARTNERS, LLC

Article II

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

6056 BOYNTON BEACH BLVD
SUITE 115
BOYNTON BEACH, FL. US 33472

The mailing address of the Limited Liability Company is:

8140 OKEECHOBEE BLVD
WEST PALM BEACH, FL. US 33411

Article III

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

NANCY BROWN
8140 OKEECHOBEE BLVD
WEST PALM BEACH, FL. 33411

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

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

Title: AMBR
NATHALIE BASTIEN-MONTPEIROUS
6056 BOYNTON BEACH BLVD
BOYNTON BEACH, FL. 33472 US

Title: AMBR
TAMMY LYNNETTE SABATINI
8140 OKEECHOBEE BLVD
WEST PALM BEACH, FL. 33411 US

Title: AMBR
NANCY LOUISE BROWN
8140 OKEECHOBEE BLVD
WEST PALM BEACH, FL. 33411 US

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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.