

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

**L18000276832
FILED 8:00 AM
November 26, 2018
Sec. Of State
crico**

Article I

The name of the Limited Liability Company is:

TRANSITIONAL CARE MEDICAL ASSOCIATES LLC

Article II

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

12959 PALMS WEST DRIVE
110
LOXAHATCHEE, FL. US 33470

The mailing address of the Limited Liability Company is:

12959 PALMS WEST DRIVE
110
LOXAHATCHEE, FL. US 33470

Article III

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

GLOVETTA P WILLIAMS
2428 WESTMONT DRIVE
ROYAL 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: GLOVETTA WILLIAMS

Article IV

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

Title: P
GLOVETTA P WILLIAMS
2428 WESTMONT DRIVE
ROYAL PALM BEACH, FL. 33411 US

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Article V

The effective date for this Limited Liability Company shall be:

11/20/2018

Signature of member or an authorized representative

Electronic Signature: GLOVETTA P WILLIAMS

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.

Transitional Care Medical Associates

12959 Palms West Drive
Suite 110
Loxahatchee, FL 33470

PH: 561 301-3499
Fax: 561 828-0228
Email: admin@tcmahealth.com

November 29, 2018

Re: Document number W1800010362

To whom it may concern:

Transitional Care Medical Associates Inc hereby has no intention of using the name in any manner of business. The name is free to use as Transitional Care Medical Associates LLC. Please continue the filing listed with tracking number 500321347805. Thank you.

New address is 12959 Palms West Drive, Ste 110, Loxahatchee FL 33470

If you have any further questions please feel free to call the office at 793-6633

Rajendran Naidoo, M.D.
President

Glovetta Williams
Vice President

Transitional Care Medical Associates, Inc.
12959 Palms West Drive, Ste 110
Loxahatchee, FL 33470

Phone (561) 301-3499
Fax (561) 828-0228

admin@tcmahealth.com

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