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1.	EGBC, LLC (CORPORATE NAME AND DOCUMENT#)		
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SPECIAL INSTRUCTIONS:			
			

ARTICLES OF ORGANIZATION

FOR

EGBC, LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — NAME:

The name of the Limited Liability Company shall be: EGBC, LLC (the "Company").

ARTICLE II — ADDRESS:

The mailing address and street address of the principal office of the Company shall be as follows:

5021 W San Miguel Street Tampa, Florida 33629

ARTICLE III — REGISTERED AGENT AND REGISTERED OFFICE

The address of the initial registered office of the Company in the State of Torida is One Lake Morton Drive, Lakeland, Florida 33801, and the name of the registered agent at such address is Keith C. Smith, Esquire.

ARTICLE IV - MANAGEMENT:

The Company shall be managed by one or more Managers. The name and address of the initial Manager is:

Samuel A. Joseph, M.D. 5021 W San Miguel Street Tampa, Florida 33629

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act on this 8th day of January, 2019.

Keith C. Smith, Authorized Representative

<u>CERTIFICATE OF DESIGNATION</u> REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Sections 605.0113. Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida:

The name of the company is:

EGBC, LLC

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

Keith C. Smith, Esquire
One Lake Morton Drive
Lakeland, Florida 33801

Keith C. Smith_Authorized Representative

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 LAM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

KETTI C. SMITH, ESOURE

Date