

7/3/2019

**L19000176666**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : LEGALINC CORPORATE SERVICES INC.  
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Phone : (844)386-0178  
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TALLAHASSEE, FL 32310

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**FLORIDA LIMITED LIABILITY CO.  
BROWARD MEDICAL CARE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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July 5, 2019

LEGALINC CORPORATE SERVICES

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SUBJECT: BROWARD MEDICAL CARE, LLC  
REF: W19000061942

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

If you have any further questions concerning your document, please call (850) 245-6052.

Carlos E Rico  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: E19000205258  
Letter Number: 419A00013579

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BROWARD MEDICAL CARE, LLC

ARTICLE II - Address:

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

Principal Office Address:

1801 SE 1 ST, FT. LAUDERDALE, FL 33316.

Mailing Address:

1801 SE 1 ST, FT. LAUDERDALE,  
FL 33316

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

UMA KHANNA

Name

3630 PARK COURT

Florida street address (P.O. Box **NOT** acceptable)

FT. LAUDERDALE FLORIDA 33332

City

State

Zip

*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 as provided for in Chapter 602, F.S..*

Uma Khanna

Registered Agent's Signature

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MANAGER

**Name and Address:**

UMA KHANNA  
3630 PARK COURT  
FT. LAUDERDALE, FL 33332

AMBR

OM KHANNA  
3630 PARK COURT  
FT. LAUDERDALE, FL 33332

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2019 JUL 18 PM 1:08  
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TAL. J. HASSLER


(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7-18-2019 (OPTIONAL.)

If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.

ARTICLE VI: Other provisions, if any.

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any 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.

UMA KHANNA

Typed or printed name of signee

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