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Florida Department of State  
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To:

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: bmann@nasonyeager.com

FLORIDA LIMITED LIABILITY CO.  
Advanced Spine & Joint Medical Center, LLC

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OCT 21 2019



October 18, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

NASON YEAGER GERSON WHITE & LIOCE

SUBJECT: ADVANCED SPINE & JOINT MEDICAL CENTER, LLC  
REF: W19000092636

We have received your document for ADVANCED SPINE & JOINT MEDICAL CENTER, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the principal office address to be a street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Keyna E Page  
Regulatory Specialist II

FAX Aud. #: H19000307011  
Letter Number: 519A00021540

**ARTICLES OF ORGANIZATION**

**OF**

**ADVANCED SPINE & JOINT MEDICAL CENTER, LLC**

I, the undersigned authorized representative of the Member, hereby make, acknowledge and file these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

**ARTICLE I**  
**NAME**

The name of this Limited Liability Company is:

ADVANCED SPINE & JOINT MEDICAL CENTER, LLC

**ARTICLE II**  
**ADDRESS**

The principal office is:

208 NE 3<sup>rd</sup> Ave.  
Okeechobee, FL 34972

The mailing address is:

P.O. Box 3033  
Clewiston, Florida 33440

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**ARTICLE III**  
**CERTIFICATE OF DESIGNATION OF**  
**REGISTERED AGENT/REGISTERED OFFICE**

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

Richard H. Levenstein  
3001 PGA Boulevard, Suite 305  
Palm Beach Gardens, FL 33410

*Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.*



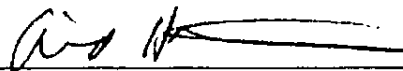
Richard H. Levenstein, Registered Agent

**ARTICLE IV**  
**MANAGEMENT**

The powers of the Limited Liability Company shall be exercised by or under the authority of, and the business and affairs of the Limited Liability Company shall be managed under the direction of, its Manager and is, therefore, a manager-managed company.

Title: Manager  
Dr. Jennifer Cook  
P.O. Box 3033  
Clewiston, Florida 33440

**IN WITNESS WHEREOF**, the undersigned authorized representative of the Member has made and subscribed these Articles of Organization at Palm Beach Gardens, Florida, for the uses and purposes aforesaid, this 16<sup>th</sup> day of October, 2019.



Richard H. Levenstein, Authorized Representative of the Members

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