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Division of Corporations

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## FLORIDA LIMITED LIABILITY CO. CHOICE MEDICAL GROUP LLC

Certificate of Status	1
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## ARTICLES OF ORGANIZATION FOR

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FLORIDA LIMITED LIABILITY COMPANY	Y 🤔 -	(3)	÷.,
	•.•	130	<u>;</u> }
ARTICLE I - Name:	: .*	1 30	٠
The name of the Limited Liability Company is:	<u> </u>		- 4.
CHOICE MEDICAL GROUP LLC		=======================================	조환 기 기
	···	8: 42	<u>;</u> .
ARTICLE II - Address: The mailing address and street address of the principal office of the List	ited Lia		
Company is:			
4445 West 16 Ave Higher FL.	330	12.	
Suite 308		<del></del>	<del></del>
		•	-
APTICLE III - Degistered Agent Pagistered Officer			
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Company cannot serve as its own Registered Agent. You must designate an individual or another: with an active Florida registration.)  SUHARMY DE /A Caridao Timenez	Roa	カロロ	
The name and the Florida street address of the registered agent are: (**)  Company cannot serve as its own Registered Agent. You must designate an individual or another:	Roa	カロロ	<u>:</u> _ ≥0
The name and the Florida street address of the registered agent are: (C)  Company cannot serve as its own Registered Agent. You must designate an individual or another:  with an active Florida registration.)  SUMARMY DE LA COUDAD Time nez	Ron 2 SU	non ik	<i>≥</i> 0 —
The name and the Florida street address of the registered agent are: (Company cannot serve as its own Registered Agent. You must designate an individual or another: with an active Florida registration.)  SUHARMY DE A Caridad Timenez  4445 West 16 Ave Ligheam & 330.4  ARTICLE IV  The name and title of each person authorized to manage and control Liability Company: (MGR or AMBR)  ADVANCE MANAGEMENT Services Inc.	the Lim	ited	30 — L R
The name and the Florida street address of the registered agent are: (Company cannot serve as its own Registered Agent. You must designate an individual or another: with an active Florida registration.)  SUHARMY DE A Corida Timenez  4445 West 16 Ave Ligheam & 380.4  ARTICLE IV  The name and title of each person authorized to manage and control Liability Company: (MGR or AMBR)	the Lim	ited	30 — L R
The name and the Florida street address of the registered agent are: (Company cannot serve as its own Registered Agent. You must designate an individual or another:  with an active Florida registration.)  SUHARMY DE A Caridad Timenez  4445 West 16 Ave Ligheam & 380.4  ARTICLE IV  The name and title of each person authorized to manage and control Liability Company: (MGR or AMBR)  ADVANCE MANAGEMENT Services INC.  Express Management Services INC.	the Lim	ited	20 R.

## Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.3.

Sulfarmy Timenez

Typed or printed name of signee

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 605, F.S..

Registered Agent's Signature (REQUIRED)