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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : USACORP INC.

Account Number : I20130000019

Phone : (718)362-4789

Fax Number

: (718)408-2550

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

 $\verb"ajoudai@affinityhealthmanagement.com"$ 

H

## FLORIDA LIMITED LIABILITY CO.

## Affinity Care of Southwest Florida LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

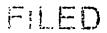
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## 27

ARTICLESOF	ORGANIZATION FOR	FLORIDA LIMI	TED LIABILITY COMMANFEB -3 PM 3: 27
ARTICLE I - Name: The name of the Limited Liabilit	y Company is:		SECRETARY OF STAT TALLAHASSEE, FL
Affinity Care of Sou	hwest Florida LLC		
(Must end	with the words "Limited	d Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	Idress of the principal o	office of the Lin	nited Liability Company is:
<u>Princip</u>	al Office Address:		Mailing Address:
7771 W. Oakland Pa	rk Blvd., Suite 150		2302 Quentin Road
Sunrise, FL 33351-6			Brooklyn, NY 11229
	Samuel Stern	Name	
	7771 W. Oakland Pa		
	Florida street addres	ss (P.O. Box <u>M</u>	71 acceptable)
	Sunrise	FI.	33351-6705
	City	State	Zıp
place designated in this certificate, further agree to comply with the pi	. I hereby accept the approvisions of all statutes t	pointment as reg relating to the pi	or the above stated limited liability company at the istered agent and agree to act in this capacity. I coper and complete performance of my duties, and I gent as provided for in Chapter 605, F.S
	/S/ Samuel St	ern	
	Kegis	tered Agent's S	gnature (REQUIRED)
		(CONTINU	ED)
		Page 1 of	2

(((H21000047672 3)))

ARTICLE IV-

	Authorized Member	Name and Address:	
"MGR" = N AMBR	fanager	Samuel Stern	
AMDK	<del></del>	7771 W. Oakland Park Blvd., Suite 150	
		Sunrise, FL 33351-6705	
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an effective date industrial date of filing.)  ote: If the date ins	s listed, the date must be specif	fic and cannot be more than five business days prior to or 90 et the applicable statutory filing requirements, this date will not	•
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Page 2 of 2

\$ 5.00 Certificate of Status (Optional)