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(((H21000319433 3)))



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	Account Name : BARRON & REDDING, P.A. Account Number : 073617000710 Phone : (850)785-7454 Fax Number : (850)785-2999	9.07
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FLORIDA LIMITED LIABILITY CO. VILLAGE HEALTH SERVICES, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR VILLAGE HEALTH SERVICES, LLC

ARTICLE I NAME

The name of the limited liability company is VILLAGE HEALTH SERVICES, LLC.

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the limited liability company arc:

> Principal Office Address 124 Peters Ct Freeport, FL 32439

Mailing Address 124 Peters Ct Freeport, FL 32439

ARTICLE III REGISTERED AGENT

The name and Florida street address of the registered agent is Barron & Redding, P.A., 220 McKenzie Avenue, Panama City, Florida 32401.

> 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 provision of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position a registered agent as provided for in Chapter 605, F.S.

> > Barron & Redding, P.A.

ARTICLE IV MANAGER

The name and address of the initial Manager is as follows:

JDM HEALTH SERVICES, LLC 124 Peters Ct Freeport, FL 32439

8507592390

In accordance with Section 605.0203(1)(b), F.S., the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Secretary of State constitutes a third degree felony as provided for in Section 817.155, F.S.

Clifford W. Sanborn, Es

Authorized Agent