

121000418928

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H21000357375 3)))



H210003573753ABC0

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From: Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.  
Account Number : 076666002140  
Phone : (727)461-1818  
Fax Number : (727)441-8617

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

Email Address: ASoucheto@AMAMedicalGroup.com

**FLORIDA LIMITED LIABILITY CO.**  
**Associated Practice Management, LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

*[Handwritten signature]*

FILED

SEP 23 PM 12:45

2021-03 PM 1:58

((H21000357375 3))

## ARTICLES OF ORGANIZATION

OF

### ASSOCIATED PRACTICE MANAGEMENT, LLC

The undersigned executes these Articles of Organization of Associated Practice Management, LLC to form a limited liability company pursuant to the Florida Revised Limited Liability Company Act.

#### ARTICLE I. NAME

The name of the limited liability company is Associated Practice Management, LLC.

#### ARTICLE II. DURATION; EFFECTIVE DATE

This Limited Liability Company shall exist perpetually, effective as of the date of filing.

#### ARTICLE III. ADDRESS

The street address of the principal office and the mailing address of the limited liability company is 4830 West Kennedy Boulevard, Suite 600 - #114, Tampa, FL 33609.

#### ARTICLE IV. REGISTERED AGENT AND OFFICE

The address of the initial registered office of the Limited Liability Company is 490 First Avenue South, Suite 700, St. Petersburg, Florida 33701, and the name of the registered agent is Chestnut Business Services, LLC.

#### ARTICLE V. PURPOSE

This Limited Liability Company may engage in any activity or business permitted under the laws of the United States of America and of this State.

#### ARTICLE VI. MANAGEMENT OF COMPANY

The Limited Liability Company shall be a manager-managed limited liability company. The operating agreement of the Limited Liability Company shall specify the authority, and limitations on such authority, of the manager(s), as well as the initial manager(s) of the Limited Liability Company. The initial manager of the Company shall be Antonio Souchet whose mailing address 4830 West Kennedy Boulevard, Suite 600 - #114, Tampa, FL 33609.

((H21000357375 3))

FILED  
2021 SEP 23 PM 12:45

(((H21000357375 3)))

The undersigned, being the authorized representative, hereby certifies that the foregoing constitutes the Articles of Organization of Associated Practice Management, LLC.

Executed by the undersigned on September 23rd, 2021.

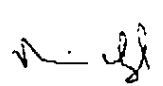
  
Antonio Souchet, Manager

**ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT**  
**ACKNOWLEDGMENT OF REGISTERED AGENT**

Pursuant to Section 605.0113, Florida Statutes, I agree to act in the capacity of registered agent for Associated Practice Management, LLC and will comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of Section 605.0113.

DATED this 23rd day of September 2021.

CHESTNUT BUSINESS SERVICES, LLC,  
a Florida limited liability company

By:   
Name: Michael A. Igel  
Title: Vice President

(((H21000357375 3)))