

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

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32310

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32310

**FLORIDA LIMITED LIABILITY CO.
NAPLES ADVANCED WOMEN'S CARE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

**ARTICLES OF ORGANIZATION OF
NAPLES ADVANCED WOMEN'S CARE, LLC,
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

NAME

The name of the Limited Liability Company is Naples Advanced Women's Care, LLC (the "Limited Liability Company").

ARTICLE II

ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is as follows:

1265 Creekside Parkway
Naples, FL 34108

ARTICLE III

REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and Florida street address of the Limited Liability Company's registered agent are as follows: Capitol Corporate Services, Inc., 515 E. Park Ave., Floor 2, Tallahassee, Florida 32301.

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 of the Florida Statutes.

Taylor Seay

Taylor Seay, Asst. Sec. on behalf
of Capitol Corporate Services, Inc.

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ARTICLE IV

MANAGEMENT

The Limited Liability Company shall be manager-managed. The Managers of the Limited Liability Company and their addresses are as follows:

George O'Leary	9800 Quaye Side Drive, Unit 105 Wellington, Florida 33411
Michael Dent, M.D.	28861 Cavell Terrace Naples, Florida 34119

Date: March 21, 2022

/s/ George O'Leary
Authorized Person

This document is executed in accordance with Section 605.0203(1)(b) of the Florida Statutes. 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 Section 817.155 of the Florida Statutes.

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TALLAHASSEE, FLORIDA