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Fax Number : (850)617-6381

From:

Account Name : SMITH HULSEY & BUSEY  
Account Number : 075030000653  
Phone : (904)359-7700  
Fax Number : (904)359-7708

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

Email Address: jesseglueckmd@gmail.com

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**FLORIDA LIMITED LIABILITY CO.  
Dual Emergency Physician Services, PLLC**

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**ARTICLES OF ORGANIZATION  
OF  
DUAL EMERGENCY PHYSICIAN SERVICES, PLLC**

The undersigned organizer, who is the authorized representative of Dual Emergency Physician Services, PLLC (the "Company") under the Florida Professional Service Corporation and Limited Liability Company Act, hereby adopts the following Articles of Organization.

**ARTICLE I - NAME**

The name of the Company is Dual Emergency Physician Services, PLLC.

**ARTICLE II - PRINCIPAL OFFICE**

The street address and the mailing address of the principal office of the Company are 401 North 36th Ave, Hollywood, Florida 33021

**ARTICLE III - NATURE OF BUSINESS**

The purpose for which the Company is organized is to provide professional medical and healthcare services.

**ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS**

The name and street address of the initial registered agent are Smith Hulsey & Busey, Professional Association, and One Independent Drive, Suite 3300, Jacksonville, Florida 32202.

**ARTICLE IV - MANAGEMENT**

The Company shall be a manager-managed company. The initial manager shall be Jesse A. Glueck.

IN WITNESS WHEREOF, the undersigned authorized representative has executed the foregoing Articles of Organization on the 13th day of July, 2022.

  
\_\_\_\_\_  
Kayla H. Herrin  
Authorized Representative

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**CERTIFICATE OF DESIGNATION  
OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, DUAL EMERGENCY PHYSICIAN SERVICES, PLLC, A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Professional Limited Liability Company is Dual Emergency Physician Services, PLLC.
2. The name and the Florida street address of the registered agent and office are Smith Hulsey & Busey, Professional Association, and One Independent Drive, Suite 3300, Jacksonville, Florida 32202.

Having been named as registered agent and to accept service of process for the above stated professional limited liability company at the place designated in this certificate, Smith Hulsey & Busey, Professional Association hereby accepts the appointment as registered agent and agrees to act in this capacity. Smith Hulsey & Busey, Professional Association further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 605, F.S.

**SMITH HULSEY & BUSEY, PROFESSIONAL  
ASSOCIATION**

By: \_\_\_\_\_

Stephen D. Moore, Jr.  
Vice President

Date: July 13, 2022

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