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Division of Corporations

Florida Department of State
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OBGYN Associates of Palm Coast, LLC**

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Thomas Searle

492 Ocean Forest Drive

St. Augustine, FL 32080

AMBR

Laila Needham

533 CR 207A

East Palatka, FL 32131

AMBR

Karen Toppi

44 Heron Drive

Palm Coast, FL 32137

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

DocuSigned by:

Thomas Searle

BBB5F5EEF03J45F ..

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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 s.817.155, F.S.)

Thomas Searle

Typed or printed name of signer

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