

8/8/23, 1:57 PM

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Division of Corporations  
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To:

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

From:

Account Name : LOWDES, DROSDICK, DOSTER, KANTOR & REED, P.A.  
Account Number : 072720000036  
Phone : (407)843-4600  
Fax Number : (786)901-8020  
Attn: Tam D. Passley

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

Email Address: \_\_\_\_\_

## FLORIDA LIMITED LIABILITY CO.

### Peninsular Health, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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**ARTICLES OF ORGANIZATION  
OF  
PENINSULAR HEALTH, LLC**

**ARTICLE I - NAME**

The name of this limited liability company is PENINSULAR HEALTH, LLC (the "Company").

**ARTICLE II - PRINCIPAL OFFICE**

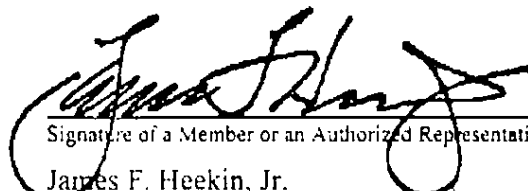
The mailing address and street address of the initial principal office of the Company is 4929 Legacy Oaks Drive, Orlando, Florida 32839.

**ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the Company is 215 North Eola Drive, Orlando, Florida 32801, and the name of the initial registered agent of the Company at that address is James F. Heekin, Jr.

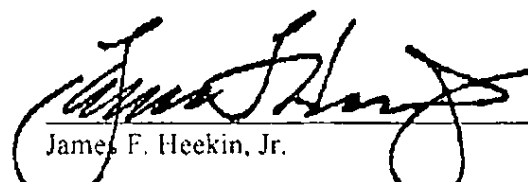
**ARTICLE IV - MANAGEMENT**

The Company is manager-managed for purposes of Section 605.0407, *Florida Statutes*, and other relevant provisions of Chapter 605, *Florida Statutes*, and the initial manager of the Company is Matthew M. Heekin.

  
\_\_\_\_\_  
Signature of a Member or an Authorized Representative of a Member  
James F. Heekin, Jr.  
\_\_\_\_\_  
Typed or Printed Name of Signer

**ACCEPTANCE OF REGISTERED AGENT**

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, *Florida Statutes*.

  
\_\_\_\_\_  
James F. Heekin, Jr.

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