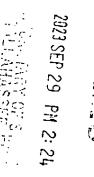
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(Re	equestor's Name)				
(Ac	idress)				
————(Ac	ldress)				
(Cit	ty/State/Zip/Phone	<i>⇒</i> #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					





/29/23--01020--003 **125.00



COVER LETTER

TO: N	lew Filing Sec Division of Co.	rtion rporations			
SUBJECT		ealth Primary Care LLC			
SUBSECT	·	Name of Li	mited Liabil	ity Company	
The enclos	sed Articles of	Organization and fee(s) a	re submitted	for filing.	
Please retu	ırn all corresp	ondence concerning this m	atter to the I	ollowing:	
	Emily E. G	avel			
	-		Name of	Person	
			Firm/Co	mpany	
	4390 SE B	ayshore Terrace			
			Addr	ess	
	Stuart, FL	34997			
	emily gavel.	fnp@gmail.com	City/State an	d Zip Code	
		E-mail address: (to be used	d for future a	nnual report notificat	ion)
For further	nformation co	ncerning this matter, pleas	se call:		
	Emily E. Ga		772	485-8321	
	Nan	at (at (_at (Area Code	Daytime Telephor	ne Number
Enclosed i	s a check for t	he following amount:			
■\$125.0 0) Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Maitir	ng Address		Street Address	

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLE IV-

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

Title:	Name and Address:			
"AMBR" = Authorized Member "MGR" = Manager				
~				
AMBRANGR	Emity E. Gavei			
	4390 SE Bayshore Terrace Stuart, FL 34997			
	3661,103-037			
	\sim			
	SE SE			
	,			
				
	i ·			
the date of filing.)	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as			
This document is executed any false.	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b). Florida Statutes. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.			
Emily E Gaver	Typed or printed name of signee			

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)