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FLORIDA LIMITED LIABILITY CO. Gail S. Goldstein MD, PLLC

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ARTICLES OF ORGANIZATION 2024 FEB - 6 PM 4: 15 SECAL PARY OF STATE

FOR

GAIL S. GOLDSTEIN MD. PLLC

A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

ARTICLE I. Name

The name of the Professional Limited Liability Company is: Gail S. Goldstein MD, PLLC (the "Company").

ARTICLE II.

The principal office and mailing address of the Company is:

5115 Hanover Lane Lakeland, Florida 33813

ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

Gail S. Goldstein 5115 Hanover Lane Lakeland, FL 33813

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, 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, F.S.

Sail S. Soldstein (sign)
Gail S. Goldstein

ARTICLE IV. Area of Practice

The area of professional service of the Company is limited to the practice of medicine.

ARTICLE V. Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Professional Limited Liability Company:

<u>Title</u>	Name and Address
AMBR = Authorized Member MGR = Manager	
MGR	Gail S. Goldstein 5115 Hanover Lane Lakeland, Florida 33813

ARTICLE VI.

The Effective date shall be the date of filing.

Dail J. Doldstein (sign)
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b). 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 s.817,155, F.S.
Gail S. Goldstein
Authorized Representative/Member