## LZ4000205096

(Requestor's Name)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Opecial madiacions to 1 ming officer.

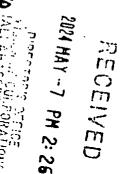
Office Use Only



200428#41812

2024 HAY -7 AH 9: 47

Ø



## CORPORATE ACCESS,

## When you need ACCESS to the world

	INC.	236 F P.O. Box 37066 (32315-	East 6th Avenue. Tallahassee, Florida 32303 -7066) ~ (850) 222-2666 or (800) 969-1666. Fa	x (850) 222-1666	
		PICK UP:	WALK IN BROOK 5/7		
			<u> </u>		
	CERTIFI	ED COPY			
XX	С РНОТО	COPY		h k	
	GS				
XX	FILING		LLC		
l.		ICAL CARE, LL			
2.	(CORPORATE N	AME AND DOCUMEN	√1 #)		
3.				2024 TAL	Ó
1	(CORPORATE N	AME AND DOCUMEN	Ϋ́Τ˙#)	7024 MAY -7	71
<b>.</b>	(CORPORATE N	AME AND DOCUMEN	NT#)	AM 9: 47	O
5.	(CORPORATE N	AME AND DOCUMEN	NT #)	7	
Б.	(CORPORATE N	IAME AND DOCUMES			
SPECLA	AL INSTRUCTIO	DNS:			
		<del></del>			••

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Lia	bility Company is:		
EPIC Medical C	are, LLC		
(Must	contain the words "Limited L	ability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stre	eet address of the principal off	ice of the Limited	Liability Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address
			f !
6310 Capital Dri	ive	6310	0 Capital Drive
The Limited Liability Com	h, FL 34202 Agent, Registered Office, &	Lake Registered Agent.	ewood Ranch, FL 34202
Lakewood Rance  ARTICLE III - Registered The Limited Liability Companion	Agent, Registered Office, & pany cannot serve as its own Finan active Florida registration reet address of the registered a	Registered Agent.	ewood Ranch, FL 34202
Lakewood Rance  ARTICLE III - Registered The Limited Liability Companion	Agent, Registered Office, & pany cannot serve as its own Finan active Florida registration reet address of the registered a Christy Hendricks	Registered Agent.  Agent.  Agent.	ewood Ranch, FL 34202
Lakewood Rance  ARTICLE III - Registered The Limited Liability Companother business entity with	Agent, Registered Office, & pany cannot serve as its own Finan active Florida registration reet address of the registered a Christy Hendricks	Registered Agent.	ewood Ranch, FL 34202
Lakewood Rance  ARTICLE III - Registered The Limited Liability Companother business entity with	Agent, Registered Office, & pany cannot serve as its own Finan active Florida registration reet address of the registered a Christy Hendricks	Registered Agent.  Agent.  Agent.	ewood Ranch, FL 34202
Lakewood Rance  ARTICLE III - Registered The Limited Liability Companother business entity with	Agent, Registered Office, & pany cannot serve as its own Finan active Florida registration reet address of the registered a Christy Hendricks	Registered Agent.  Agent are:	ewood Ranch, FL 34202
Lakewood Rance  ARTICLE III - Registered The Limited Liability Companother business entity with	Agent, Registered Office, & pany cannot serve as its own Finan active Florida registration reet address of the registered a Christy Hendricks  6310 Capital Drive	Registered Agent.  Agent are:	ewood Ranch, FL 34202

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 MAY -7 AH 9: 4

Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Empath Health, Inc. 6310 Capital Drive Lakewood Ranch, FL 34202 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_\_\_ . (OPMONAL) (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. QREQUIRED SIGNATURE Signature of a member or an authorized representative of a member. Signature of a member of an authorized representative of a member of an authorized representative of a member of an authorized representative of a member of signatures.

This document is executed in accordance with section 605.0203 (1) (b), Florida Siatutes. 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. Christy Hendricks, General Counsel & Chief Mission Legal Officed Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)