



THE UNITED STATES
CORPORATION
COMPANY

L98000000754

ACCOUNT NO. : 072100000032

REFERENCE : 848964 7156274

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : June 9, 1998

ORDER TIME : 11:48 AM

ORDER NO. : 848964-005

CUSTOMER NO: 7156274

CUSTOMER: Mr. Steven D. Silverman
COMPREHENSIVE WOMEN'S MEDICAL
CENTER
3537 Forest Hill Boulevard

West Palm Beach, FL 33406

700002553557--9
-06/09/98--01091--012
****337.50 ****337.50

DOMESTIC FILING

NAME: SOUTH FLORIDA WOMEN'S
HEALTHCARE IPA, L.C.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cassandra Bryant

EXAMINER'S INITIALS:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUN -9 PM 3:09

RECEIVED
98 JUN -9 PM 2:02
DIVISION OF CORPORATION

By
6/9/98

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

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ARTICLE I - Name:

The name of the Limited Liability Company is:

South Florida Women's Healthcare IPA, L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

3537 Forest Hill Blvd.
West Palm Beach, FL 33406

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:

(check and complete the appropriate statement)

- ☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:
- ☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

1. Dr. Steven Silverman
3537 Forest Hill Blvd.
West Palm Beach, FL 33406

2. DR. BERTO LOPEZ
1500 NORTH DIXIE HWY
WEST PALM BEACH, FL 33401

3. DR John BURIGO
2611 NORTH DIXIE HWY
WEST Palm Beach, FL 33401
4. DR SETH HERBST
560 VILLAGE BLVD
WEST Palm Beach, FL 33409
- 5.

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ARTICLE V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

Additional members may be admitted through super majority (two-thirds) consent of the remaining members.

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The remaining members may continue to operate with the unanimous written consent of the remaining members within 75 days after the disassociation of a member.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

*SOUTH Florida Women's
Healthcare IPA*

The undersigned member or authorized representative of a member of ~~██████████~~, L.C.
deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is
- 3) if any, the agreed value of property other than cash contributed by member(s) is

\$ 20,000

\$ 0

A description of the property is attached and made a part hereto.

- 4) the amount of cash or property anticipated to be contributed by member(s) is
- This total includes amounts from 2 and 3 above.

\$ 1,000,000

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Signature of a member or authorized representative of a member.

In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

South Florida Women's Healthcare IPA, L.C.

2. The name and address of the registered agent and office is:

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, Florida 32301

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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.

Corporation Service Company

Laura R. Dunlap

(Signature)

6-9-98

(Date)

It's agent, Laura R. Dunlap

Filing Fee: \$35 for Designation of Registered Agent