



L99000004692
Neurological Services Incorporated
"Helping to enhance the service physicians provide."

July 20, 1999

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

700002941557--0
-07/26/99-01133-004
****285.00 ****285.00

Re: Articles of Organization
Allied Healthcare Professionals of Florida, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of the Articles of Organization and a Certificate of Designation of Registered Agent/Registered Office for the above-referenced corporation, and a check in the total amount of the following:

Articles Filing Fee	\$250.00
Agent Designation Filing Fee	<u>35.00</u>
	\$285.00

Please file the original and return evidence of filing to me.

Thank you for your promptness. If you should have any questions or comments in this regard, please do not hesitate to contact me.

Yours truly,

Staci Walsh

Staci Walsh, CLA
Assistant to
Robert L. Buckhannon

ALY


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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL 26 PM 2:45

CONSENT TO NAME USE

I, Robert L. Buckhannon, president of Allied Healthcare Professionals, Inc., do hereby give permission for Allied Healthcare Professionals of Florida, LLC to use this name.

Allied Healthcare Professionals, Inc.
A Florida corporation

Date: 7/20/99


By: Robert L. Buckhannon
As President

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Allied Healthcare Professionals of Florida, L.L.C.

ARTICLE II - Address:

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

5124 Calle Minorga, Sarasota, FL 34242

ARTICLE III - Duration:

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

ARTICLE IV - Management:

(Check the appropriate box and complete the 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:

Allied Healthcare Professionals, Inc. P98000027748
5124 Calle Minorga
Sarasota, FL 34242

- ☐ 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:

ARTICLE V - Admission of Additional Members:

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

N/A

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**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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Allied Healthcare
Professionals of Florida, L.L.C.

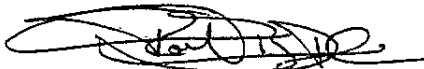
2. The name and the Florida street address of the registered agent are:

Robert L. Buckhannon
NAME

5124 Calle Minorga
Florida street address (P. O. Box NOT ACCEPTABLE)

Sarasota FL 34242
CITY, STATE AND ZIP

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.



SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent

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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:

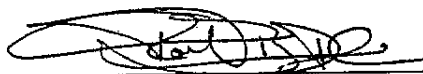
N/A

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ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of Allied
Healthcare Professionals of Florida, LLC certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 5,000.00 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0 ;
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 5,000.00 .



Signature of a member or an 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.)

Robert L. Buckhannon

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit