

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8063 • Fax (850) 222-1222

L99000004701

The Nova Health Group,
LLC

700002938457--8
-07/22/99-01047-013
****337.50 ****337.50

- Art of Inc. File
- LTD Partnership File
- Foreign Corp. File
- ☒ L.C. File
- Fictitious Name File
- Trade/Service Mark
- Merger File
- Art. of Amend. File
- RA Resignation
- Dissolution / Withdrawal
- Annual Report / Reinstatement
- ☒ Cert. Copy
- Photo Copy
- Certificate of Good Standing
- Certificate of Status
- Certificate of Fictitious Name
- Corp Record Search
- Officer Search
- Fictitious Search
- Fictitious Owner Search
- Vehicle Search
- Driving Record
- UCC 1 or 3 File
- UCC 11 Search
- UCC 11 Retrieval
- Courier

FILED
99 AUG -2 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
99 JUL 22 AM 10:37

11/22/11
11/22/11

7-2-99

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

7/22 9:35



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 22, 1999

CAPITAL CONNECTION

SUBJECT: THE NOVA HEALTH GROUP, L.L.C.
Ref. Number: W99000016961

We have received your document for THE NOVA HEALTH GROUP, L.L.C. and your check(s) totaling \$337.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

LLC cannot serve as own registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan
Document Specialist

Letter Number: 099A00037656

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 AUG -2 PM 1:10

FILED

Corrected

ARTICLES OF ORGANIZATION OF

THE NOVA HEALTH GROUP, L.L.C.

The undersigned, desiring to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, does hereby establish the following:

1. **Name.** The name of the limited liability company is The Nova Health Group, L.L.C.
2. **Duration.** The period of duration of the limited liability company is perpetual unless sooner dissolved as provided by statute.
3. **Purpose.** This limited liability company is organized for the purpose of engaging in any lawful business in which a limited liability company may engage under Florida law.
4. **Principal Place of Business and Mailing Address.** The address of its principal place of business, as well as the mailing address for this limited liability company is 6928 Lismore Avenue, Boynton Beach, Florida 33437.
5. **Registered Agent and Office.** The name and address of its initial registered agent in the State of Florida, whose Consent to appointment as Registered Agent accompanies these Articles, is Ellis B. Norsoph, M.D., 6928 Lismore Avenue, Boynton Beach, Florida 33437.
6. **Initial Members.** The names of the initial members of the limited liability company and their addresses are as follows:

Ellis B. Norsoph, M.D.
6928 Lismore Avenue
Boynton Beach, Florida 33437

FILED
99 AUG -2 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. **Admission of Additional Members.** Additional Members will be admitted only pursuant to the terms of the operating agreement to be entered into by the Members of the Company, or upon such other terms as are unanimously agreed to by all Members entitled to a dividend upon dissolution or liquidation.
8. **Capitalization.** The capital contribution of the Members, is \$ 500 - consisting of cash.
9. **Additional Liability of Members.** Additional capital contributions of the Members may be required, but only upon the vote of a majority of Members pursuant to the terms of an operating agreement to be entered into between the Members of this limited liability company.
10. **Continuity.** The remaining Members of the limited liability company will have the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or occurrence of any other event which terminates the continued Membership of a Member in this limited liability company. The return of capital and the distribution of profits shall be determined from the limited liability company's books, as of the effective date of withdrawal, based on the provisions of the regulations, and paid as soon as practicable without diminishing the prospects of the limited liability company's ventures and subject to the limitations of Florida law.
11. **Management.** The business of the limited liability company shall be reserved to and conducted under the exclusive management of its Managers according to the provisions of an operating agreement to be entered into between the manager(s) and the members of the Company. The name and address of the initial Manager of the Company is as follows:

Ellis B. Norsoph, M.D.
6928 Lismore Avenue
Boynton Beach, Florida 33437

Dated: 7/1, 1999


Ellis B. Norsoph, M.D.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 AUG -2 PM 1:10

FILED

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned Member or authorized representative of a Member of The Nova Health Group, L.L.C., deposes and says:

1. The above-named limited liability company has one (1) initial Member;
2. The total value of the property contributed by the Member is \$ 500 consisting of \$ 500 in cash.
3. No other property or cash is being contributed by the members.
4. No additional property or cash is anticipated to be contributed by the members.
5. The total amount of contributions by the Member is \$ 500.



Ellis B. Norsoph, M.D.

(In accordance with Section 608.408 (3), Florida Statutes, the execution of the 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, 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: The Nova Health Group, L.L.C.

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

Ellis B. Norsoph, M.D.

Name

6928 Lismore Avenue

Florida street address (P.O. Box NOT ACCEPTABLE)

Boynton Beach, Florida 33437

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.



Ellis B. Norsoph, M.D.