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POST OFFICE BOX 1831
ORLANDO, FLORIDA 32802-1831

December 10, 1999

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****125.00 ****125.00

Registration Section
Division of Corporations
Secretary of State
Post Office Box 6327
Tallahassee, FL 32314

Re: Primary Care Physicians of Sanford, LLC

Dear Sir/Madam:

Enclosed for filing regarding the above limited liability company are the following:

1. Articles of Organization of Primary Care Physicians of Sanford, LLC (original and copy);

2. Check in the amount of $125.00 for the required filing fee ($125.00).

Upon filing of the above documents, please provide the undersigned with a file-stamped copy of the Articles of Organization.

Thank you for your assistance.

Very truly yours,

Cat L. Brower

Cat L. Brower
Paralegal

:cb
Enclosures

99 DEC 14 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
AND
FILED

12-7-99

ARTICLES OF ORGANIZATION
of
Primary Care Physicians of Sanford, LLC
a Florida limited liability company

ARTICLE I
NAME

The name of this limited liability company is Primary Care Physicians of Sanford, LLC (the "Company").

ARTICLE II
ADDRESS

The mailing and street address of the Company's principal office is 309 W. First Street, Sanford, Florida 32771.

ARTICLE III
PURPOSES

The general nature and purposes of business to be transacted, promoted and carried on by the Company are as follows:

a. To engage in every aspect in the practice of osteopathic medicine, and all its fields of specializations.

b. To engage and render the professional services involved only through its officers, agents and employees who shall be osteopathic doctors in good standing and duly licensed or otherwise legally authorized within the State of Florida to render the same professional service; provided that the Company shall neither exercise control over nor interfere with the physician-patient relationship.

c. To invest its funds in real estate, mortgages, stocks, bonds and any other type of investments permitted by law, including owning real or personal property necessary for the rendering of professional services.

d. To engage in no other business other than the rendition of the professional services specified herein.

e. To do everything necessary and proper in accomplishing the purposes herein set forth and to do everything incidental thereto which is not forbidden under the laws of the State of Florida.

99 OCT 14 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND
FILED

ARTICLE IV
REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and address of the registered agent and registered office of this limited liability company shall be as follows:

Bradley J. Davis, Esq.
200 S. Orange Avenue, Suite 1220
Orlando, Florida 32801

Having been named the registered agent and to accept service of process for the above stated limited liability company at the place designated by this certificate, I hereby accept the appointment of 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 608, Florida Statutes.

Bradley J. Davis, Esq.
Registered Agent

ARTICLE V
MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

ARTICLE VI
EFFECTIVE DATE OF ORGANIZATION

This Limited Liability Company shall be deemed to have come into existence on the date these Articles of Organization are executed.

IN ACCORDANCE with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts herein are true.

Bradley J. Davis, as Authorized
Representative of the Member

APPROVED AND FILED
'99 DEC 14 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing instrument was subscribed before me this 10th day of December, 1999, by Bradley J. Davis, Esq., who (check one) ☒ is personally known to me, ☐ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or ☐ produced other identification, to wit: _____.

Cathy L. Brower

Print Name: _____
Notary Public, State of Florida
Commission No.: _____
My Commission Expires: _____

CATHY L. BROWER
MY COMMISSION # CC 761038
EXPIRES: August 11, 2002
Bonded Thru Notary Public Underwriters

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA