

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L25000078727
FILED 8:00 AM
February 14, 2025
Sec. Of State
wlawrence

Article I

The name of the Limited Liability Company is:

CHOICE WOUND CARE PLLC

Article II

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

719 SEABREEZE LANE
PALM HARBOR, FL. US 34683

The mailing address of the Limited Liability Company is:

719 SEABREEZE LANE
PALM HARBOR, FL. US 34683

Article III

Other provisions, if any:

MOBILE WOUND CARE

Article IV

The name and Florida street address of the registered agent is:

PAUL ROHR
719 SEABREEZE LANE
PALM HARBOR, FL. 34683

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.

Registered Agent Signature: PAUL ROHR

Article V

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The name and address of person(s) authorized to manage LLC:

Title: AMBR
PAUL ROHR
719 SEABREEZE LANE
PALM HARBOR, FL. 34683 US

Title: AMBR
VAIBHAV MOONDRA
103 SHORE DR
DUNEDIN, FL. 34698 US

Title: AMBR
PARAG PATEL
1335 VIA VERDI DR
PALM HARBOR, FL. 34683 US

Signature of member or an authorized representative

Electronic Signature: PAUL ROHR

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.