

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

The Executive Director of the Arizona Corporation Commission does hereby certify
that the attached copy of the following document:

ARTICLES OF ORGANIZATION, 07/31/2014

consisting of 4 pages, is a true and complete copy of the original of said
document on
file with this office for:

STATESERV MEDICAL OF SAN ANTONIO, LLC
ACC file number: L19429470



IN WITNESS WHEREOF, I have hereunto set my hand
and affixed the official seal of the Arizona
Corporation Commission on this 1 Day of May, 2025
A.D.

Douglas R. Clark

Douglas R. Clark, Executive Director

By: *Iris Carther*

IRIS CARTHER



04741764

AZ CORPORATION COMMISSION
FILED

JUL 31 2014

FILE NO. 19429470

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

ARTICLES OF ORGANIZATION

Read the Instructions L0101

1. ENTITY TYPE - check only one to indicate the type of entity being formed:

☒ LIMITED LIABILITY COMPANY
(entity name must contain
the words "Limited Liability
Company" or "LLC")☐ PROFESSIONAL LIMITED LIABILITY COMPANY
(entity name must contain the words
"Professional Limited Liability Company" or
"PLLC")

2. ENTITY NAME - see Instructions L0101 for full naming requirements - give the exact name of the LLC:

STATESERV MEDICAL OF SAN ANTONIO, LLC

3. PROFESSIONAL LIMITED LIABILITY COMPANY SERVICES - If and only if professional LLC is checked in number 1 above, describe the professional services that the professional LLC will provide (examples: law firm, accounting, medical):

4. STATUTORY AGENT for service of process - see Instructions L0101			
4.1 REQUIRED - give the name (can be an Arizona resident or an Arizona-registered entity) and physical or street address (not a P.O. Box) in Arizona of the statutory agent:		4.2 OPTIONAL - mailing address in Arizona of Statutory Agent (can be a P.O. Box):	
AUSTIN D. POTENZA II Statutory Agent Name			
Attention (optional) 201 N CENTRAL AVE., 22ND FL. Address 1		Attention (optional)	
Address 1 (optional) City PHOENIX State AZ Zip 85004		Address 2 (optional) City State Zip	
4.3 REQUIRED - the Statutory Agent Acceptance form M002 must be submitted along with these Articles of Organization.			

5. ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:

5.1 Is the Arizona known place of business address the same as the street address of the statutory agent? ☐ Yes - go to number 6 and continue☒ No - go to number 5.2 and continue

5.2 If you answered "No" to number 5.1, give the physical or street address (not a P.O. Box) of the known place of business of the LLC in Arizona:

PAUL DICOSMO Attention (optional)		
2130 E UNIVERSITY DR. Address 1		
Address 2 (optional)		
TEMPE City	AZ State or Province	85281 Zip
U.S.A. Country		

6. **DURATION** - If the duration or life period of the LLC is perpetual (forever), then skip this section and continue to number 7 or number 8. Otherwise, check only one box below and fill in the corresponding blank:

- ☐ The LLC's life period will end on this date: _____ (enter a date)
☒ The LLC's life period will end upon the occurrence of this event: (describe an event)

DISSOLUTION

COMPLETE NUMBER 7 OR NUMBER 8 - NOT BOTH.

7. **MANAGER-MANAGED LLC** - *see Instructions L010i* - check this box ☒ If management of the LLC will be vested in a manager or managers (meaning one or more managers will run the company) and complete and attach ONLY the Manager Structure Attachment form L040. (Both members and managers will be listed on the Manager Structure Attachment.) *The filing will be rejected if it is submitted without the attachment.*

8. **MEMBER-MANAGED LLC** - *see Instructions L010i* - check this box ☐ If management of the LLC will be reserved to the members (meaning all members will run the company together if there is no operating agreement stating otherwise), and complete and attach ONLY the Member Structure Attachment form L041. (All members will be listed on the Member Structure Attachment.) *The filing will be rejected if it is submitted without the attachment.*

9. **ORGANIZERS and SIGNATURE** - the individual or pre-existing entity submitting this document is the Organizer - list the name of the Organizer below. If the Organizer is an individual, that individual must sign below. If the Organizer is a pre-existing entity, provide the signature of the individual acting for that entity, then print the individual's name.

The person signing below declares and certifies under penalty of perjury that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.

Organizer: THE STATESERV COMPANIES, LLC

Signature

Date

PAUL DICOSMO

Printed Name (if different from Organizer)

Filing Fee: \$50.00 (regular processing)
Expedited processing - add \$35.00 to filing fee.
All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission
Corporate Filings Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.
All documents filed with the Arizona Corporation Commission are public record and are open for public inspection.
If you have questions after reading the instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

L016.002
Rev. 2014

Arizona Corporation Commission - Corporations Division
Page 2 of 2

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MANAGER STRUCTURE ATTACHMENT

1. **ENTITY NAME** – give the exact name of the LLC (foreign LLCs – give name in domicile state or country):
STATESERV MEDICAL OF SAN ANTONIO, LLC

2. **A.C.C. FILE NUMBER** (if known):
 Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

3. **MANAGERS / MEMBERS** – give the name and address of each and every manager and list all members who own 20% or more of the profits or capital of the LLC. Use one block per person. Members who own less than 20% may also be listed, but it is not required. Check the appropriate box or boxes below each person listed – do not check both member boxes, if more space is needed, use another Manager Structure Attachment form.

1. PAUL DICOSMO			2. THE STATESERV COMPANIES, LLC		
Name			Name		
2130 E UNIVERSITY DR.			2130 E UNIVERSITY DR.		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State or Province	Zip	City	State or Province	Zip
TEMPE	AZ	85281	TEMPE	AZ	85281
Country			Country		
UNITED STATES			UNITED STATES		
<input checked="" type="checkbox"/> Manager <input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member			<input type="checkbox"/> Manager <input checked="" type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member		
3.			4.		
Name			Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State or Province	Zip	City	State or Province	Zip
Country			Country		
<input type="checkbox"/> Manager <input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member			<input type="checkbox"/> Manager <input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member		
5.			6.		
Name			Name		
Address 1			Address 1		
Address 2 (optional)			Address 2 (optional)		
City	State or Province	Zip	City	State or Province	Zip
Country			Country		
<input type="checkbox"/> Manager <input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member			<input type="checkbox"/> Manager <input type="checkbox"/> 20% or more member <input type="checkbox"/> Less than 20% member		

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

STATUTORY AGENT ACCEPTANCE*Please read Instructions M0021*

1. **ENTITY NAME** - give the **exact** name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Article of Incorporation):

STATESERV MEDICAL OF SAN ANTONIO, LLC

2. **A.C.C. FILE NUMBER** (if entity is already incorporated or registered in AZ):

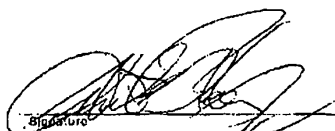
Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <http://www.azcc.gov/Divisions/Corporations>

3. **STATUTORY AGENT NAME** - give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

AUSTIN D. POTENZA II**STATUTORY AGENT SIGNATURE:**

By the signature appearing below, the individual or entity named in number 3 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies *under penalty of perjury* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.



AUSTIN D. POTENZA II

07/31/2014

Printed Name

Date

REQUIRED - check only one:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Individual as statutory agent: I am signing on behalf of myself as the individual | <input type="checkbox"/> Entity as statutory agent: I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity. |
|--|---|

Filing Fee: none (regular processing)
Expedited processing - (available only if this form is submitted by itself) add \$35.00 to filing fee.
All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Corporate Filings Section
1300 W. Washington St., Phoenix, Arizona 85007
Fax: 602-542-4100

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.
All documents filed with the Arizona Corporation Commission are public record and are open for public inspection.
If you have questions after reading the instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

The Executive Director of the Arizona Corporation Commission does hereby certify
that the attached copy of the following document:

AMENDED AND RESTATED ARTICLES OF ORGANIZATION, 10/10/2023

consisting of **3** pages, is a true and complete copy of the original of said
document on
file with this office for:

STATESERV MEDICAL OF SAN ANTONIO, LLC
ACC file number: L19429470



IN WITNESS WHEREOF, I have hereunto set my hand
and affixed the official seal of the Arizona
Corporation Commission on this 1 Day of May, 2025
A.D.

Douglas R. Clark

Douglas R. Clark, Executive Director

By: *Iris Carther*

IRIS CARTHER

**AMENDED AND RESTATED ARTICLES OF ORGANIZATION
OF
STATESERV MEDICAL OF SAN ANTONIO, LLC**

(Pursuant to § 29-3202 of the Arizona Revised Statutes)

STATESERV MEDICAL OF SAN ANTONIO, LLC, (the "Company") a limited liability company organized and existing under and by virtue of the provisions of the Arizona Revised Statutes (the "Code"), does hereby certify:

- A. The present name of the Company is **STATESERV MEDICAL OF SAN ANTONIO, LLC**.
- B. The original Articles of Organization of the Company were filed with the Arizona Corporation Commission on July 31, 2014.
- C. These Amended and Restated Articles of Organization of the Company, which amend and restate the Company's Articles of Organization in their entirety, have been duly adopted pursuant to the provisions of § 29-3202 of the Code.
- D. These Amended and Restated Articles of Organization of the Company restate and integrate and further amend the Articles of Organization of the Company as herein set forth in full:
 1. Name. The name of the Company is **STATESERV MEDICAL OF SAN ANTONIO, LLC**.
 2. Registered Office. The street and mailing address of the company's registered agent in the state of Arizona 3800 North Central Avenue, Suite 460, Maricopa County, Phoenix, Arizona 85012. The name of the registered agent at such address is C T Corporation System.
 3. Management. The Company will be manager-managed. Managers may be appointed from time to time by the Company's members in accordance with the terms of the Company's limited liability company operating agreement then in-effect. The name of the initial sole manager is The StateServ Companies, L.L.C. The address of the initial sole manager is 1201 S Alma School Rd, Suite 4000, Mesa, AZ 85210.
 4. Member. The name of the member that owns a twenty percent (20%) or greater interest in the capital or profits of the Company is The StateServ Companies, L.L.C. The address of such member is 1201 S Alma School Rd, Suite 4000, Mesa, AZ 85210.
 5. Duration. The duration of the Company is perpetual.
 6. Principal Office. The address of the Company's principal executive office in the State of Arizona and Maricopa County is 1201 S Alma School Rd, Suite 4000, Mesa, AZ 85210.

IN WITNESS WHEREOF, the undersigned Authorized Person has duly executed these Amended and Restated Articles of Organization as of October 6, 2023.

DocuSigned by:
By: Eliot Amundson
Name: Eliot Amundson
Title: Authorized Person

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

STATUTORY AGENT ACCEPTANCE*Please read Instructions M002i*

1. **ENTITY NAME** – give the **exact** name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Articles of Incorporation):

STATESERV MEDICAL OF SAN ANTONIO, LLC


2. **STATUTORY AGENT NAME** – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be *either* an individual or an entity). **NOTE** - the name must match **exactly** the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:

C T Corporation System

3. **STATUTORY AGENT SIGNATURE:**

By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.

The person signing below declares and certifies *under penalty of perjury* that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.



Kathryn A. Widdoes- Assistant Secretary

10/09/2023

Signature

Printed Name

Date

REQUIRED – check only one:

<input type="checkbox"/> Individual as statutory agent: I am signing on behalf of myself as the individual (natural person) named as statutory agent.	<input checked="" type="checkbox"/> Entity as statutory agent: I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.
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Expedited services are available for an additional fee – see Instructions or Cover sheet for prices.

Filing Fee: none (regular processing) All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Examination Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
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Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business. All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection. If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.