

L05000118427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

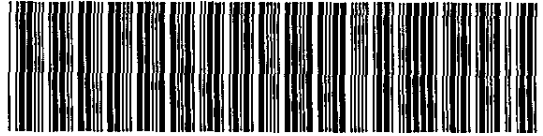
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12/15/05--01013--016 **55.00

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05 DEC 15 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATE
CORPORATIONS
DIVISION
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH
DATE: 12/15/2005
REF. #: 000409.45722
CORP. NAME: MEDEXPRESS DEVELOPMENT, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input checked="" type="checkbox"/> OTHER: CORRECTION | | |

STATE FEES PREPAID WITH CHECK# 515300 FOR \$ 55.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
MedExpress Development, LLC

SECOND: The articles of organization or the application to transact business

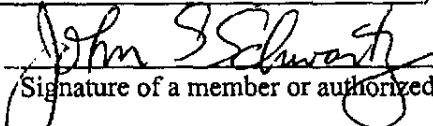
(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
Incorrect Statement: "ARTICLE V: - Manager(s) or Managing Member(s): The name and address of each Member is as follows:" Reason: Should be Manager not Member
Correct Statement: ARTICLE V: - Manager(s) or Managing Member(s): The name and address of the initial Manager upon formation of this limited liability company is as follows:

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: December 14, 2005



Signature of a member or authorized representative of a member
John S. Schwartz

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

**ARTICLES OF ORGANIZATION
OF
MedExpress Development, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is: **MedExpress Development, LLC**

ARTICLE II: - Address

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

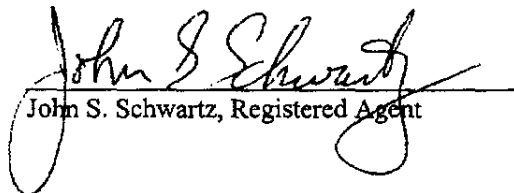
5 Monteray Pointe Drive
Palm Beach Gardens, Florida 33418

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature:

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

**John S. Schwartz
c/o Akerman Senterfitt
One S.E. Third Avenue
28th Floor
Miami, Florida 33131**

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 as provided for in Chapter 608, F.S.


John S. Schwartz, Registered Agent

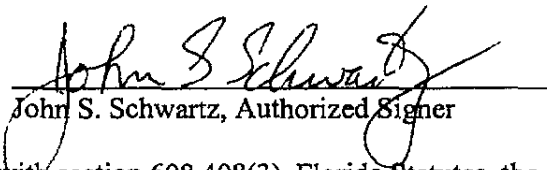
ARTICLE IV: - Management

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

ARTICLE V: - Manager(s) or Managing Member(s):
The name and address of each Member is as follows:

MGR

Neil P. Morandi, M.D.
5 Monteray Pointe Drive
Palm Beach Gardens, Florida 33418



John S. Schwartz, Authorized Signer

(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 stated herein are true.)

John S. Schwartz
Typed or printed name of signee