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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

PRIMARY CARE SPECIALISTS OF THE PALM BEACHES, LLC

Certificate of Status	0
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ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

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:
PRIMARY CARE SPECIALISTS OF THE PALM BEACHES, 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:
The name of the Registered Agent was incorrectly stated. The correct name of the Registered Agent is as follows:

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

Weston, FL 33331

OR

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

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Dated: March 30, 2007

Signature of a member or an authorized representative of a member

Otto Campo, Manager

Typed or printed name of signee

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

CR2E062 (03/05)

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PRIMARY CARE SPECIALISTS OF THE PALM BEACHES, LLC
(Name of Foreign Limited Liability Company)

2. DE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-8662082
(FEI number, if applicable)

4. March 16, 2007
(Date of Organization)

5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.501 & 605.502 F.S. to determine penalty liability)

7. 1001 Brickell Bay Drive, 9th Floor
Miami, FL 33131
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☑

9. The name and usual business addresses of the managing members or managers are as follows:

Otto Campo, Manager
4960 SW 72nd Avenue
Miami, FL 33155

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Medical Services

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Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Otto Campo, Manager
Typed or printed name of signee

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, 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:

PRIMARY CARE SPECIALISTS OF THE PALM BEACHES, LLC

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

National Registered Agents, Inc.
(Name)

2731 Executive Park Drive, Suite 4
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Weston, FL 33331
City/State/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 as provided for in Chapter 608, Florida Statutes.

(Signature)

$ 100.00	Filing Fee for Application
$ 25.00	Designation of Registered Agent
$ 30.00	Certified Copy (optional)
$ 5.00	Certificate of Status (optional)

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Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRIMARY CARE SPECIALISTS OF THE PALM BEACHES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF MARCH, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRIMARY CARE SPECIALISTS OF THE PALM BEACHES, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D. 2007.

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4319417 8300
070332506

Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5518125

DATE: 03-19-07

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