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Florida Department of State

**Division of Corporations** Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4003

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number : 072450003255 Phone : (305)541-3694

Fax Number

: (305)541-3770

## LIMITED LIABILITY COMPANY

### PHY-MED MILLENIUM MEDICAL, L.C.

L-11/64

Certificate of Status	0
Certified Copy	1
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## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 13, 2000

EMPIRE CORPORATE KIT

SUBJECT: PHY-MED MILLENIUM MEDICAL, L.C.

REF: W00000022455

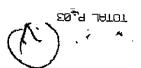
We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Because this is a limited liability company, the only document it files is the first page of your document, the ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY. Please remove the last five pages of your document, which are titled ARTICLES OF INCORPORATION, because there is no such thing as Articles of Incorporation for a limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document please call (850) 487-6958.

Lee Rivers Document Specialist FAX Aud. #: H00000048389 Letter Number: 700A00048448



## H00000048389

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The Name of the Limited Liability Company is:

PHY-MED MILLENIUM MEDICAL, L.C.

ARTICLE II - Address:

351 N.W. LeJeune Road, Suite #105, Miami, Florida 33126

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

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

Craig A. Brand, Esquire Brand & Fernandez, P.A. Ocean Optique Building 2 N.E. 40th Street Suite #403 Miami, Florida 33137

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 obligation of my position as registered agent as provided for in Chapter 608, F.S.

Craig A. Brand, Esquire

ARTICLE IV - Management (Check box if applicable)

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

Signature of a member or an authorized representative of a member

(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)

Typed or printed name of signee

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-MPIRE CORP.

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