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## USA, FLORIDA, January, 20th, 2001.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

ARTICLE 1- NAME:

The name of the Limited Liability Company Is: MEDMICROCHIP LC.

ARTICLE 2- ADDRESS;

The mailing address and the street address of the principal office of the Limited Liability

7000 SW 62 Avenue. Suite 100. South Miami, FLORIDA 33143.

ARTICLE 3-Registered Agent, Registered Office & Registered

The name and the FLO RIDA street address of the registered agent are:

Name; RONALD R. FIELDSTONE.

FLORIDA STREET ADDRESS: 201 ALHAMBRA CIRCLE # 601. COFAL GABLES, FLORIDA 33134.

Having been named as registered agent and to accept services for the above stated liability company at the place designated in this certificate. I hereby accept the appointment as registered agent to act in this oppakity. I further agree to comply with the previsions 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, FS.

RONALD R. FIELDSTONE.

ARTICLE 4-MANAGEMENT.

MEDMICROCHIP LC., the Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company.

Elly GEORGE M. SUAREZ, M.D. BEATRIX AMENDOLA, M.D.

MBA/MIS, EDUARDO GOMEZ CANON,

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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: MEDMICROCHIP, LC

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

Ronald R. Fieldstone

(Name)

201 Alhambra Circle #601

Florida street address (P.O. Box NOT ACCEPTABLE)

Coral Gables, F1. 33134 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 oblightons of my position as registered agent as provided for in Chapter 608, F. S.

(Signature)

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