



L020000003540

ACCOUNT NO. : 072100000032

REFERENCE : 695360 10463A

AUTHORIZATION :

Patricia Pigatto

COST LIMIT : \$ 155.00

ORDER DATE : February 12, 2002

ORDER TIME : 10:55 AM

ORDER NO. : 695360-010

CUSTOMER NO: 10463A

CUSTOMER: Ms. Larissa K. Lincoln
Cohen Norris Scherer
Weinberger & Wolmer
Suite 400
712 U.s. Highway 1
North Palm Bch, FL 33408-7146

RECEIVED
02 FEB 13 PM 12:21
DEPARTMENT OF STATE
DIVISION OF CERTIFICATION
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: CAMBRIDGE MEDICAL GROUP, LLC

4000004915854--2

EFFECTIVE DATE: 2/12/02

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson - EXT. 1155
EXAMINER'S INITIALS:

Janna Wilson

02 FEB 13 PM 2:56

APPROVED
AND
FILED

ARTICLES OF ORGANIZATION OF CAMBRIDGE MEDICAL GROUP, LLC

The undersigned hereby forms and establishes a limited liability company pursuant to Chapter 608, Florida Statutes as follows:

ARTICLE I

The name of this limited liability company is CAMBRIDGE MEDICAL GROUP, LLC.

ARTICLE II

This limited liability company shall have perpetual existence from the DATE OF SIGNING of these Articles of Organization with the Department of State, unless sooner terminated as provided in the Operating Agreement executed or to be executed by the members..

ARTICLE III

The mailing address and street address of the principal place of business of this limited liability company is 6890 S.W. 44TH St., Unit 214, Miami, FL 33155. This limited liability company may, at its discretion, change the address of its principal place of business.

ARTICLE IV

The name and street address of the initial registered agent of this limited liability company is KENNETH J. SCHERER, 712 U.S. Highway One, Suite 400, North Palm Beach, Florida 33408.

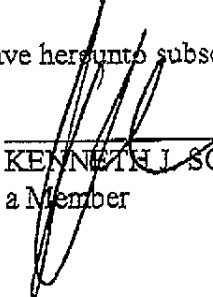
ARTICLE V

The management of this limited liability company shall be vested in a member or members (i.e. management committee as described in the Operating Agreement) and is, therefore, a member-managed company.

ARTICLE VI

Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the members as described in the Operating Agreement.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name this 12th day of February, 2002.


KENNETH J. SCHERER, Authorized Agent of
a Member

02 FEB 13 PM 2:56
DEPARTMENT OF STATE
ALL AMASSSES-FID-004

APPROVAL
AND
FILING

STATE OF FLORIDA)

COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 02nd day of February, 2002, by KENNETH J. SCHERER, who is personally known to me or who has produced Florida State Driver's License Number N/A as identification and who did () or did not X take an oath.

Executed this 12th day of February, 2002.



Signature of Notary

Printed Name: LARISSA K. LINCOLN

My Commission Expires:

My Commission Number:



APPROVED
AND
FILED
02 FEB 13 PM 2:55
CLERK OF DISTRICT COURT

**CERTIFICATE DESIGNATING REGISTERED
OFFICE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT
UPON WHOM PROCESS MAY BE SERVED**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

That **CAMBRIDGE MEDICAL GROUP, LLC**, a Florida Limited liability company, with its registered office at 6890 S.W. 44th St., Unit 214, Miami, Florida 33155, has named **KENNETH J. SCHERER**, at 712 U.S. Highway One, Ste 400, North Palm Beach, FL 33408 as its initial registered agent to accept service of process within this State.

ACKNOWLEDGMENT:

Having been named registered agent to accept service of process for the above-stated limited liability company at the place designated in this Certificate, I hereby accept to act in such capacity and agree to comply with the applicable provisions of law.

By: _____

KENNETH J. SCHERER,
Registered Agent

STATE OF FLORIDA)

COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 2nd day of February, 2002, by **KENNETH J. SCHERER**, who is personally known to me or who has produced Florida State Driver's License Number N/A as identification and who did () or did not (X) take an oath.

Executed this 2nd day of February, 2002.

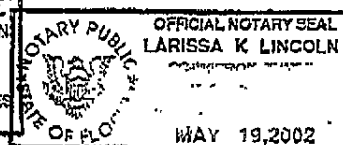
Signature of Notary

Printed Name: **LARISSA K. LINCOLN**

My Commission Expires:

My Commission Number:

LLArticlesCambridgeMedical.doc



FILED
AND
FILED

02 FEB 13 PM 2:56