Division of Corporations

# H02000143687 2000124

### Florida Department of State

Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: PROSKAUER ROSE LLP

Account Number : 074673001063 Phone

(561) 995-4751

Fax Number

(561) 241-7145

# LIMITED LIABILITY AMENDMENT

GS MED PLEX INVESTMENT LLC

Certificate of Status	Ö
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Page Count	TML
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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 transfer of the state of th
	GS MED PLEX INVESTMENT LIC
SECO	D: The articles of organization or the application to transact business
<u>(CH</u>	CK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
X	Contains an incorrect statement. The incorrect statement, the reason the statement is neorrect, and the corrected statement are as follows:  The incorrect statement is that the Limited Liability Company is to be
	managed by one manager or more managers and is, therefore, a manager-managed
	The statement is incorrect because the company will be managed by its
	members. The corrected statement is: The Limited Liability Company is to be managed by its members.
	<u>DR</u>
	Vas defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
,	
Dated:	May 24, 2002
	Signature of a member or authorized representative of a member
	Stuart T. Kapp, Esq., Attorney for company, authorized representative
	Typed or printed name of signee
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)
CR2E062(	(00)

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Bepariment of State

I certify the attached is a true and correct copy of the Articles of Organization of GS MED PLEX INVESTMENT LLC, a limited liability company organized under the laws of the state of Florida, filed on May 21, 2002, as shown by the records of this office.

I futher certify the document was electronically received under FAX audit number E02000141796. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below

The document number of this limited liability company is L02000012413.

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the Twenty-first day of May, 2002

Authentication Code: 302A00032682-052102-102000012413-1/1

SECRETARY OF STATE TALLAHASSEE, FLORIDA



CR2EO22 (1-99)

WE 1133 H02000143687

Katherine Harris

Kutherine Harris Secretary of State

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

GS MED PLEX INVESTMENT LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 4110 N.W. 24th Avenue, Boca Raton, FL 33451

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

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

George Sacks

Name

4110 N.W. 26th Avenue

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

Boca Raton

FL 33431

City, State, and 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, F.S..

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

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

(An additional article must be ended if an effective fate is requested)

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.)

George Sacks, Manager

Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certifiest Copy (OPTICAL)
\$ 5.00 Certifieste of Samm (OPTIONAL)

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