

Division of Corporations

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DIVISION OF CORPORATION

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : RODRIGUEZ, KINZBRUNNER & CONIGLIO
Account Number : I19990000169
Phone : (954) 680-6114
Fax Number : (954) 680-6135

AL

LIMITED LIABILITY COMPANY

CHIROMED MEDICAL ASSOCIATES, INC.

LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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**Electronic Articles of Organization
For
Florida Limited Liability Company**

Article I

The name of the Limited Liability Company is:

CHIROMED MEDICAL ASSOCIATES, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

***4522 Inverrary Blvd.
Lauderhill, Florida 33319***

The mailing address of the Limited Liability Company is:

***4801 South University Drive, Suite 3000
Davie, Florida 33328***

Article III

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

***Miguel J. Rodriguez
4801 South University Drive, Suite 3000
Davie, Florida 33328***

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.

Registered Agent Signature:


Miguel J. Rodriguez

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Article IV

The Limited Liability Company is a manager managed company.

Article V

The name and address of members/managers are:

David Baruch
Title: Manager
4522 Inverrary Blvd.
Lauderhill, Florida 33319

Signature of member or authorized representative of member.

Signature: _____

Date: _____

11/6/02

02 NOV -6 AM 9:00
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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