

# L030000010020

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H03000206487 8)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (305)633-9696

**LIMITED LIABILITY COMPANY**

**UNIVERSITY MEDICAL MANAGEMENT SERVICES LLC**

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

RECEIVED 03 JUN -3 AM 8:56  
03 JUN -3 PM 5:00  
DIVISION OF CORPORATION  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

10-4-03

H 030 00 206 487

**ARTICLES OF ORGANIZATION FOR  
UNIVERSITY MEDICAL MANAGEMENT SERVICES,  
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**UNIVERSITY MEDICAL MANAGEMENT SERVICES LLC**

**ARTICLE II - ADDRESS**

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


c/o Michael Elliot  
605 Ocean Drive, #1-L  
Key Biscayne, FL 33149

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

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

Norman T. Roberts  
50 West Mashta Drive, Suite 4  
Key Biscayne, Florida 33149

*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 property 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..*

  
Norman T. Roberts, Registered Agent

  
Norman T. Roberts  
Authorized Representative of a Member

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 JUN -3 AM 8:56

APPROVED  
AND  
FILED

H 030 00 206 487