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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : SANDRA P. GREENBLATT, P.A.

Account Number : 120000000267 Phone : (305)577-9995 Fax Number : (305)577-9951

LIMITED LIABILITY COMPANY

David A. Clayman, M.D., L.L.C.

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION

FOR

DAVID A. CLAYMAN, M.D., L.L.C.

A Florida Limited Liability Company

ARTICLE I - Name

The name of the Limited Liability Company is:

David A. Clayman, M.D., L.L.C.

ARTICLE II - Address

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

Company is:

19549 Estuary Drive Boca Raton, Florida 33498

ARTICLE III - Duration

The period of duration for the Limited Liability Company is:

Perpetual

ARTICLE IV - Management

The Limited Liability Company is a manager-managed company.

ARTICLE V - Initial Registered Agent and Office

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

Sandra Greenblatt, P.A.
One Biscayne Tower, Suite 3500
2 South Biscayne Boulevard
Miami, Florida 33131

Signature of David A. Clayman, M.D., Member

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

David A. Clayman, M.D., L.L.C.

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

Sandra Greenblatt, P.A.
One Biscayne Tower, Suite 3500
2 South Biscayne Boulevard
Miami, FL 33131

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.

Bv:

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