

DEC 08 '03 15:32  
DIVISION OF CORPORATIONS

FROM: MITCHELL SHERMAN

T-78 P.01/02 F-488

**L03000050912**

Florida Department of State  
Division of Corporations  
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(((H03000331592 3)))

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Account Name : LAW OFFICE OF MITCHELL A. SHERMAN, P.A.  
Account Number : I20030000145  
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**LIMITED LIABILITY COMPANY**

**North Broward Cambridge Health Center, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **NORTH BROWARD CAMBRIDGE  
HEALTH CENTER, LLC**

**ARTICLE II - Address:**

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

3501 West Drive, Deerfield Beach, Florida 33442.

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

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

Mitchell A. Sherman, Esq.

Name

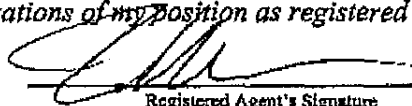
1301 N. Congress Ave., Suite 210

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

Boynton Beach, Florida 33426

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 added if an effective date 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.)

Mitchell A. Sherman  
Typed or printed name of signer

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