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(((H03000337387 3)))

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To:

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

From:

18300
Account Name : BILZIN, SUMBERG BAENA PRICE & AXELROD LLP.
Account Number : 075350000132
Phone : (305) 374-7580
Fax Number : (305) 350-2446

LIMITED LIABILITY COMPANY

Promeda Perinatal Associates, LLC

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Estimated Charge	\$160.00

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**ARTICLES OF ORGANIZATION
OF
PROMEDA PERINATAL ASSOCIATES, LLC,
a Florida limited liability company**

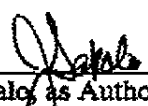
1. The name of the limited liability company is Promeda Perinatal Associates, LLC.
2. The mailing address and the street address of the principal office of the limited liability company is:

300 S. Park Road
Hollywood, Florida 33021

3. The name and street address of the initial registered agent of the limited liability company are:

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

Dated: as of December 17, 2003.

By: 
Jay Sakala, as Authorized
Representative

03 DEC 17 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Promeda Perinatal Associates, LLC

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

CT Corporation System

(Name)

c/o CT Corporation System, 1200 South Pine Island Road

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

1. The name of the Limited Liability Company is:

Plantation

FL 33324

City/State/Zip

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

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.

CT Corporation System

PETER F. SOUZA
REGISTERED SECRETARY

(Signature)

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.

\$100.00

Filing Fee for Application

\$25.00

Designation of Registered Agent

\$30.00

Certified Copy (optional)

\$5.00

Certificate of Status (optional)