

L040000 76002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

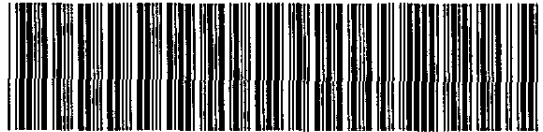
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FILED  
04 OCT 20 PM 4:31  
TALLAHASSEE, FLORIDA

FILED  
04 OCT 20 AM 8:38  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 10/20/04

REF. #: 0650.31035

CORP. NAME: MIAMI-DADE MEDICAL SERVICES, LLC

FILED  
04 OCT 20 AM 8:38  
STATE OF FLORIDA  
TALLAHASSEE

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 516031 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
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| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
MIAMI-DADE MEDICAL SERVICES, LLC**

**FILED**  
04 OCT 20 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I  
Name**

The name of the Limited Liability Company is **MIAMI-DADE MEDICAL SERVICES, LLC** (the "Company").

**ARTICLE II  
Address**

The mailing address and street address of the principal office of the Company is 505 West 47<sup>th</sup> Street, Miami Beach, Florida 33140.

**ARTICLE III  
Registered Agent**

The name of the Company's registered agent in the State of Florida is Mark E. Pomper, M.D. and the address of the Company's registered office is 505 West 47<sup>th</sup> Street, Miami Beach, Florida 33140.

**ARTICLE IV  
Duration**

The period of duration for the Company shall be perpetual.

**ARTICLE V  
Management**

The Company is to be managed by the members and the names and addresses of the initial managing members are:

Mark E. Pomper, M.D.	505 West 47 <sup>th</sup> Street Miami Beach, Florida 33140
Luis G. Diaz-Rangel, M.D.	777 East 25th Street Suite 411 Hialeah, FL 33013

Guillermo Vazquez, M.D.

7000 SW 97th Avenue  
Suite 207  
Miami, FL 33173

Ghassan T. Hamady, M.D.

7150 West 20th Avenue  
Suite 406  
Hialeah, FL 33016

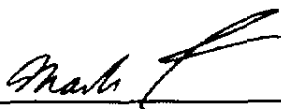
**ARTICLE VI**  
**Admission of Additional Members**

Members shall have the right to admit additional members as provided by the Florida Limited Liability Company Act by a vote of a majority-in-interest of the members.

**ARTICLE VII**  
**Members' Rights to Continue Business**

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any member shall not cause the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event, the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.

**MEMBER:**

  
\_\_\_\_\_  
Mark E. Pomper, M.D.

**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.407 OR 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **MIAMI-DADE MEDICAL SERVICES, LLC**
2. The name and address of the registered agent and office is: **Mark E. Pomper, M.D., 505 West 47<sup>th</sup> Street, Miami Beach, Florida 33140.**

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent.*

  
\_\_\_\_\_  
Mark E. Pomper, M.D.