

Jan 19 05 04:12  
Division of Corporations

305 444-4977

P. 1

1 of 1

**L050000006159**

Florida Department of State  
Division of Corporations  
Public Access System

2005 JAN 19 P 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.**

(((H05000015121 3)))

**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 : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305)444-4994  
Fax Number : (305)444-4977

RECEIVED

05 JAN 19 AM 7:51

DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY**

**GENERAL MEDICAL GROUP LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Help

(((H05000015121)))

**FILED**

2005 JAN 19 P 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

GENERAL MEDICAL GROUP LLC**ARTICLE II - Address:**

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

**Principal Office Address:**2828 CORAL WAYSUITE 308MIAMI, FL 33166**Mailing Address:**2828 CORAL WAYSUITE 308MIAMI, FL 33166**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

HERNAN V. GUTIERREZ

Name

2828 CORAL WAY SUITE 308Florida street address (P.O. Box NOT acceptable)MIAMI FL 33145

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

(CONTINUED)

(((H05000015121)))

FILED

2005 JAN 19 P 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

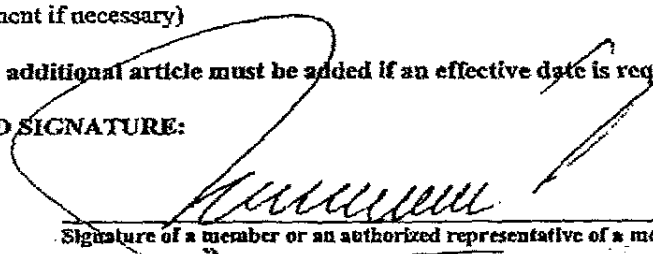
**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRMRAFAEL A. FERNANDEZ2828 CORAL WAY SUITE 308MIAMI, FL 33166MGRHERNAN V. GUTIERREZ2828 CORAL WAY SUITE 308MIAMI, FL 33166

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**  
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.)

HERNAN V. GUTIERREZ

Typed or printed name of signee

**Filing Fees:**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)