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Florida Department of State Division of Corporations

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To: Division of Corporations Fax Number : (850)205-0383 From: Account Name : HUBCO Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

LIMITED LIABILITY COMPANY

Advanced Medical Office Buildings, LLC

Certificate of Status	1
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*	ARTICLES OF ORGANIZATION	4	
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	FLORIDA LIMITED LIABILITY COMPANY		
ARTICLE I - Nan The name of the Limited	ne I Liability Company is: Advanced Medical Office Bu	ildings,	LLC
ARTICLE II - Add	iress		

Mailing Address:

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

Principal Office Address:

6400 Congress Avenue. Suite 1400

Baca Raton. FL 33487

6400 Congress Avenue, Suite 1400

Bocs Raton, FL 33487

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature The name and Florida street address of the registered agent are:

Paul Mahowald		
Name		
6400 Congress Avenue. Suite 1400	No. 2	
(P.O. Box or Mail Drop Box NOT Acceptable)	2005 I 31-01	
Boca Raton, FL 33487	5	د میروند موجود د
(City / State / 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 - Paul Mahowald

ARTICLE IV - Manager(s) or Managing Member(s):

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

Name and Address:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member

MGRM

Marc Schlosser- 6400 Congress Avenue. Suite 1400, Boca Raton, FL 33487

MGRM

Paul Mahowald-6400 Congress Avenue. Suite 1400, Boca Raton, FL 33487

(Use attachment if pecessary)

REQUIRED SIGNATURE:

Signature of a member or 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.)

Paul Mahowald

Typed or printed name of signee

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