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DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY  
NEWCASTLE MEDICAL INVESTMENTS, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
NEWCASTLE MEDICAL INVESTMENTS, LLC**

**ARTICLE I**

The name of the limited liability company formed hereby is **NEWCASTLE MEDICAL INVESTMENTS, LLC** (the "Limited Liability Company").

**ARTICLE II**

The duration of the Limited Liability Company shall be perpetual.

**ARTICLE III**

The principal office and mailing address of the Limited Liability Company shall be as follows:

2750 Coral Way, Suite 200  
Miami, Florida 33145

**ARTICLE IV**

The Registered Agent of the Limited Liability Company and his street address in the State of Florida is as follows:

Ana Costales, CPA  
2750 Coral Way, Suite 202  
Miami, FL 33145

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ARTICLE V

The Limited Liability Company shall be Manager-managed and the initial manager shall be:

Vernon Emmanuel Salazar Zurita.



Ana M. Costales  
as Authorized Representative of the Member

STATE OF FLORIDA )  
COUNTY OF MIAMI-DADE )

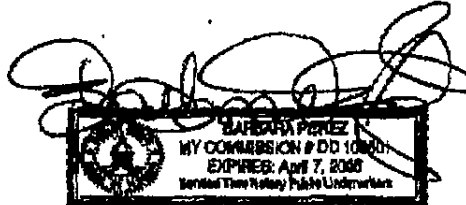
Before me personally appeared Ana M. Costales, as Authorized Representative of the Members, who is personally known to me, or who produced FL Dr. License identification, to be the person who executed the foregoing Articles of Organization.

In witness whereof I have hereunto set my hand and official seal this 8th day of July, 2005.

Notary Public

Print Name: Barbara Perez

My Commission expires: April 7, 2006.



State of Florida  
County of Miami-Dade  
I, Barbara Perez, Notary Public, do hereby certify that the foregoing instrument was executed before me this 8th day of July, 2005, by Ana M. Costales, as Authorized Representative of the Member, who is personally known to me, or who produced FL Dr. License identification, to be the person who executed the foregoing Articles of Organization.

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**CERTIFICATE OF DESIGNATION  
OF RESIDENT AGENT AND  
ACCEPTANCE OF DESIGNATION**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

1. The name of the limited liability company is **NEWCASTLE MEDICAL INVESTMENTS, LLC**.

2. The name and address of the Registered Agent and Office is:

Ana M. Costales, CPA  
2750 Coral Way #202  
Miami, FL 33155

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.

Ana M. Costales, Registered Agent

Date:

*July 8, 2005*

**NEWCASTLE MEDICAL INVESTMENTS, LLC**

By *[Signature]*  
Ana M. Costales,  
as Authorized Representative  
of the Members

State of Florida  
County of Dade

Sworn to (or affirmed) and subscribed before me this  
8th day of July, 2005 by *Ana M. Costales*.

*[Signature]*  
Signature of Notary Public

*[Signature]*  
Name of Notary Public

Personally known \_\_\_\_\_ or produced identification *IL Drivers License*  
Type of Identification Produced *IL Drivers License* *11/14/2005*