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Page 1 of 1

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To:

Division of Corporations

: (850)205-0383 Fax Number

From: Esther Forbes Account Name: AKERMAN, SENTERFITT & EIDSON, P.A. Account Number: 075471001363 Phone: (305)374-5600 Fax Number: (305)374-5095 FLORIDA/FOREIGN LIMITED LIABILITY MadExpress Management II.C

MedExpress Management, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

(H06000035265 3)

ARTICLES OF ORGANIZATION OF MedExpress Management, LLC

ARTICLE I: - Name

The name of the Limited Liability Company is: MedExpress Management, LLC

ARTICLE II: - Address

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

1021 North State Road 7 Royal Palm Beach, Fiorida 33411

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

Neil P. Morandi, M.D. 1021 North State Road 7 Royal Palm Beach, Florida 33411

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.

Neil P. Morandi, M.D., Registered Agent

ARTICLE IV: - Management

The Limited Liability Company is to be managed by one Member or more Members and is, therefore, a member - managed company.

(H06000035265 3)

ARTICLE V: - Managing Member(s):

The name and address of the Managing Member is as follows:

MGRM

MedExpress Development, LLC

5 Monteray Pointe Drive

Palm Beach Gardens, Florida 33418

Neil P. Morandi, M.D., Authorized Signer

(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.)

Neil P. Morandi, M.D.

Typed or printed name of signee

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