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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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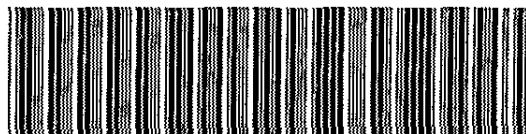
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature*

LAW OFFICES OF  
**BARRY A. DIAMOND, P.A.**  
CORAL SPRINGS COMMERCE CENTRE  
9728 WEST SAMPLE ROAD \* POST OFFICE BOX 8824  
CORAL SPRINGS, FLORIDA 33065

BROWARD: (954) 752-5000 \* FAX: (954) 752-0558

September 19, 2006

VIA UPS

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: **Articles of Organization**

Gentlemen:

Enclosed herewith, in duplicate, please find Articles of Organization for the following new Limited Liability Company:

**PathMed Associates, LLC**

Also enclosed is our check in the amount of \$125.00 for filing the Articles of Organization and a copy to be returned to the undersigned at the above-referenced address in the pre-addressed UPS package as time is of the essence.

If you have any questions, please do not hesitate to contact this office.

Very truly yours,

  
BARRY A. DIAMOND

BD/jac

encs.

ARTICLES OF ORGANIZATION  
OF  
PathMed Associates, LLC

The undersigned hereby form and establish a Limited Liability Company pursuant to Chapter 608, Florida Statutes, as follows:

ARTICLE I

The name of this Limited Liability Company is PathMed Associates, LLC.

ARTICLE II

This Limited Liability Company shall have perpetual existence commencing on the date of the filing of these Articles with the Florida Department of State unless sooner terminated as provided in any Operating Agreement for this Limited Liability Company.

ARTICLE III

The mailing address and street address of the principal place of business of this Limited Liability Company are c/o BARRY A. DIAMOND, ESQUIRE, 9728 West Sample Road, Coral Springs, Florida 33065. This Limited Liability Company may, at its discretion, at any time, change the address of its principal place of business.

ARTICLE IV

The name and street address of the initial registered agent of this Limited Liability Company is BARRY A. DIAMOND, ESQUIRE, 9728 West Sample Road, Coral Springs, Florida 33065.

ARTICLE V

This Limited Liability Company is to be managed by a manager, who is to serve as manager until the first annual meeting of the members of this Limited Liability Company or until his/her successors are elected and qualify. The name and mailing address of the initial managers are GENEVIEVE KURUVILLA, M.D., MARIA T. PEREZ, M.D., and SILVIA PADRON, M.D. all of c/o 9728 West Sample Road, Coral Springs, Florida 33065.

ARTICLE VI

Subject to any preemptive rights existing as of the date of execution of these Articles, additional members may be admitted to this Limited Liability Company upon such terms and conditions as shall be established by the members of this Limited Liability Company.

ARTICLE VII

Subject to the terms of any Operating Agreement of this Limited Liability Company, the business of this Limited Liability Company shall be dissolved upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in this Limited Liability Company.

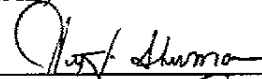
IN WITNESS WHEREOF, the undersigned has subscribed and acknowledged these Articles of Organization at Coral Springs, Broward County, Florida, this 19<sup>TH</sup> day of September, 2006.

  
BARRY A. DIAMOND, ESQUIRE,  
Subscriber

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 19<sup>TH</sup> day of September, 2006, by BARRY A. DIAMOND, ESQUIRE, who (is personally known to me/has produced  
as identification) and who (did/did not) take an oath.

(SEAL)

  
Please Print Name: BETTY L. SHERMAN

Notary Public, State of Florida at Large  
Serial No. (if any): \_\_\_\_\_



CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR  
THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON  
WHOM PROCESS MAY BE SERVED

In pursuance of section 608.407, Florida Statutes, the following is submitted, in compliance with said Act:

FIRST, the Limited Liability Company, PathMed Associates, LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the City of Coral Springs, State of Florida, has named BARRY A. DIAMOND, ESQUIRE, located at 9728 West Sample Road, Coral Springs, Florida 33065, as its agent to accept service of process within this State.

Having been named to accept service of process for the above-stated Limited Liability Company, at the place designated in this Certificate, I hereby accept to act in this capacity and agree to comply with the provisions of said Act relative to keeping open said office.

  
\_\_\_\_\_  
BARRY A. DIAMOND, ESQUIRE  
Registered Agent

B091906a

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06 SEP 20 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA