

607000091106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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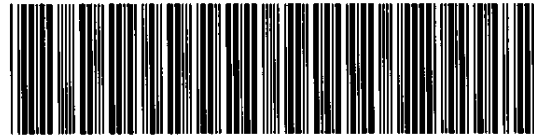
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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09/05/07-01033-001-\$160.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

607-91106  
AR

PATRICK J. GOGGINS, P.A.

Sun Trust Building • Suite 850  
777 Brickell Avenue • Miami • Florida 33131-2811  
305.530.8500 • fax 305.530.8557  
pgoggins@projectlaw.com • www.projectlaw.com



August 29, 2007

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: SOUTHERN MEDICAL DEVELOPMENT, LLC.

Dear Division of Corporations representative:

Enclosed please find one (1) original and one (1) copy of the articles of organization of the above-referenced limited liability company, along with a check in the amount of One Hundred Sixty and No/100 Dollars (\$160.00) for the following:

Certificate of Status	5.00
Certified Copy of Record	30.00
New Florida LLC Filing Fee	100.00
New Florida LLC Filing Registered Agent Fee	25.00
<b>Total</b>	<b>\$160.00</b>

Thank you for your prompt assistance with this matter.

Sincerely,

Patrick J. Goggins

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SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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VIA USPS

## ARTICLES OF ORGANIZATION

The undersigned duly authorized member representative, hereby forms a limited liability company, for profit pursuant to the Florida Limited Liability Company Act and other laws of the State of Florida.

### ARTICLE I NAME

The name of the Company shall be SOUTHERN MEDICAL DEVELOPMENT, LLC (the "Company").

### ARTICLE II PRINCIPAL OFFICE AND MAILING ADDRESS

The principal place of business and mailing address of the Company shall be:

777 Brickell Avenue, Suite 850  
Miami, Florida 33131

### ARTICLE III MANAGEMENT

The Company shall be a manager-managed limited liability company, and its manager or managers shall be appointed and serve in the manner provided in the Company's operating agreement.

IN WITNESS WHEREOF, the undersigned, a duly authorized member representative, has executed the foregoing Articles of Organization as of the following date: **August 22, 2007.**

SOUTHERN MEDICAL  
DEVELOPMENT, LLC.



By: Patrick J. Goggins

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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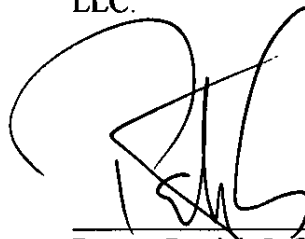
**CERTIFICATE DESIGNATING THE ADDRESS AND  
AN AGENT UPON WHOM PROCESS MAY BE SERVED**

WITNESSETH: Pursuant to the provisions of Section 608.415 or 605.507, Florida Statutes, the undersigned limited liability company has designated the following as its registered agent to accept service of process within this state Florida:

Patrick J. Goggins  
777 Brickell Avenue, Suite 850  
Miami, Florida 33131

Dated: **August 22, 2007.**

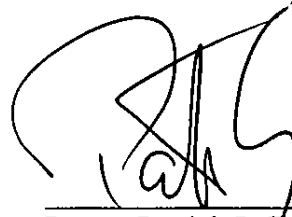
SOUTHERN MEDICAL DEVELOPMENT  
LLC.



By: Patrick J. Goggins

ACKNOWLEDGEMENT: Having been named registered agent and to accept service of process for the above-named 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 am familiar with and accept the obligations of my position as registered agent, as provided in Chapter 608, Florida Statutes.

Dated: **August 22, 2007.**



By: Patrick J. Goggins

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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