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To: Division of Corporations
Fax Number : (850) 205-0383

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FLORIDA/FOREIGN LIMITED LIABILITY CO. AL

interactive medical concepts, llc

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**Articles of Organization for a
Florida Limited Liability Company**

**ARTICLE I
Name**

The name of the Limited Liability Company is:

INTERACTIVE MEDICAL CONCEPTS, LLC

**ARTICLE II
Address**

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

**6419 Bird Road
Miami, FL 33155**

**ARTICLE III
Duration**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV
Management**

(check and complete the appropriate statement)

 X The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

**MINERVA SANTO TOMAS
CARMEN C. FERNANDEZ**

 The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing members(s) is/are: _____

*This instrument prepared by: Ana Maria Angulo, Attorney, 5975 Sunset Drive, Suite 503
South Miami, Florida 33143*

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ARTICLE V
Admission of Additional Members

The right, if given of the remaining members to admit additional members and the terms and conditions of the admissions shall be as set forth in the Regulations of the limited liability company.

ARTICLE VI
Members Rights to Continue Business

The right, if given, of the remaining members of the limited liability company to continue the business on 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 the limited liability company shall be as set forth in the regulation of the limited liability company.


MINERVA SANTO TOMAS


CARMEN C. FERNANDEZ

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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Certificate of Designation of Registered Agent/Registered Office.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **INTERACTIVE MEDICAL CONCEPTS, LLC.**

2. The name and address of the registered agent and office is:

**Ana Maria Angulo, Atty.
5975 Sunset Dr. #503
South Miami, Florida 33143**

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.



Ana Maria Angulo

Date: 9/17/07

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