

# L09000052824

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**WELLMAX MEDICAL CENTER OF ALLAPATTAH, LLC**

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

OF

**WELLMAX MEDICAL CENTER OF ALLAPATTAH, LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is

**WELLMAX MEDICAL CENTER OF ALLAPATTAH, LLC**

Effective date May 29, 2009

**ARTICLE II - ADDRESS**

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

Mailing Address:

1172 South Dixie Highway, Suite 124  
Coral Gables, FL 33146-2918

Principal Address:

1901 NW 17 Avenue  
Miami, FL 33125

**ARTICLE III - REGISTERED AGENT & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Robert Diaz

1901 NW 17 Avenue  
Miami, FL 33125

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 308, F.S.

  
Robert Diaz

(((H09000133071)))

**ARTICLE IV - MANAGER**

The name and the Florida street address of the managers or managing member is:

MGR:  
Robert Diaz  
1901 NW 17 Avenue  
Miami, FL 33125

  
Robert Diaz

MOR:  
Ramon E. Corona  
1901 NW 17 Avenue  
Miami, FL 33125

  
Ramon E. Corona

(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.)

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**SECRETARY OF STATE  
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