

JUN-02-2011 THU 11:49

Division of Corporations

P.007

Page 1 of 1

LD9000053368

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000133689 3)))



H090001336893ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN -2 AM 8:42

FILED

RECEIVED

09 JUN -2 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

WELLMAX HEALTH MEDICAL CENTER OF ALLAPATTAH, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

D. BRUCE

JUN 03 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

((H09000133689)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF

WELLMAX HEALTH MEDICAL CENTER OF ALLAPATTAH, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is

WELLMAX HEALTH 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN -2 AM 8:42

FILED

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.

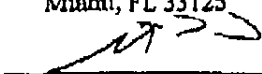

Robert Diaz

(((H09000133689)))

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

MGR:
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.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN -2 AM 8:42

FILED