

#L13000024178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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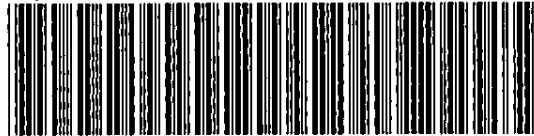
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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2013 FEB 14 AM 9:58  
ALABAMA DEPARTMENT OF STATE  
MONTGOMERY, ALABAMA

K. SALY  
EXAMINER

FEB 15 2013

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** RICKY SOTO

**DATE:** 02/14/2013

**REF. #:** 000650.180980

**CORP. NAME:** KAREN RABEN, M.D., L.L.C.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK#** 103446 **FOR \$** 155.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

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| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

KAREN RABEN, M.D., P.A.  
7000 SW 62<sup>ND</sup> AVENUE, SUITE 400  
S MIAMI, FL 33143

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January 24, 2013

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

FILED  
13 FEB 14 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Re: Formation of Karen Raben, M.D., L.L.C.*

Dear Sir or Madam:

The undersigned, as President of Karen Raben, M.D., P.A., a Florida professional corporation, registered under Document Number P06000039753, hereby authorizes use of the name "Karen Raben, M.D., L.L.C.", by a to-be-formed Florida limited liability company filing Articles of Organization in Florida. Any potential name conflicts are hereby waived.

Thank you.

Sincerely,

Karen Raben, M.D., P.A.,  
a Florida professional corporation  
Document Number P06000039753

By: 

Karen Raben, M.D., President

**ARTICLES OF ORGANIZATION  
OF  
KAREN RABEN, M.D., L.L.C.**

FILED  
13 FEB 14 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I  
Name**

The name of the Limited Liability Company is Karen Raben, M.D., L.L.C. (the "Company").

**ARTICLE II  
Address**

The mailing address and the street address of the principal office of the Company is 7000 SW 62<sup>nd</sup> Avenue, Suite 400, Miami, Florida 33143-4717.

**ARTICLE III  
Registered Agent**

The name of the Company's registered agent in the State of Florida is Karen Raben, M.D. and the address of the Company's registered office is 7000 SW 62<sup>nd</sup> Avenue, Suite 400, Miami, Florida 33143-4717.

**ARTICLE IV  
Duration**

The period of duration for the Company shall be perpetual.

**ARTICLE V  
Management**

The Company is to be a member-managed company and the name and address of the initial member is:

PrimeHealth Physicians, LLC  
9045 SW 87<sup>th</sup> Court  
Miami, Florida 33176

**ARTICLE VI**  
**Admission of Additional Members**

Members shall have the right to admit additional members as provided by the Florida Limited Liability Company Act by a vote of a majority-in-interest of the members.

**ARTICLE VII**  
**Members' Rights to Continue Business**

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any member shall not cause the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event, the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.

**MEMBER:**

PrimeHealth Physicians, LLC, a Florida limited liability company

By:

  
Diego C. Saavedra, M.D., Member

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

PURSUANT TO THE PROVISIONS OF SECTION 608.407 OR 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is Karen Raben, M.D., L.L.C.
2. The name and address of the registered agent and office is: Karen Raben, M.D., 7000 SW 62<sup>nd</sup> Avenue, Suite 400, Miami, Florida 33143-4717.

*Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent.*

Karen Raben, M.D.

