

L13000 157769
From: 3058517588 Meland Russin
Division of Corporations

Florida Department of State
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To: Division of Corporations
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From: Account Name : MELAND RUSSIN & BUDWICK, P.A.
Account Number : I20040000113
Phone : (305)358-6363
Fax Number : (305)358-1221

JAN 23 2018

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: cramos@melandrussin.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MIAMI INTERNATIONAL MEDICAL CENTER, LLC

Certificate of Status	1
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STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: MIAMI INTERNATIONAL MEDICAL CENTER, LLC

SECOND: The Florida Document Number of the limited liability company is: L13000157769

THIRD: The street address of the limited liability company's principal office is:
C/O THE MIAMI MEDICAL CENTER
5959 N.W. 7TH ST
MIAMI, FL 33126

The mailing address of the limited liability company's principal office is:
C/O NUETERRA HEALTHCARE
ATTN: ALEX KNUDSON 11221 ROE AVE., SUITE 320
LEAWOOD, KS 66211 US

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

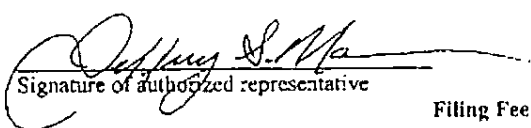
1. May execute an instrument transferring real property held in the name of the company:

- a. Granted to: _____
- b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

- a. Granted to: Jeffrey Mason as appointed Manager and Chief Administrative Officer of the company to open bank accounts, sign banking resolution and sign checks and funds transfers.
- b. No authority granted to: _____

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Signature of authorized representative

JEFFREY MASON
Typed or printed name of signature

Filing Fee: \$25.00
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