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NAME:

MEDIPRO HEALTH AND TECHNOLOGY LLC

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SUBJEC	-1:	Name of Lin	nited Liabili	ry Company	
The encl	osed Articles of	Organization and fee(s) are	submitted	for filing.	
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		on of Corporations lox 6327		The Centre of Tallaha 2415 N. Monroe Stree	
		assee, FL 32314		Tallahassee, FL 3230	,

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

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Medipro Health and Technology LLC	L PARMAR OF THE
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

Rosario Norte N°555, oficina 2001, comuna de	Rosario Norte N°555, oficina 2001, comuna
Las Condes, Region Metropolitana, Chile 756121	de Las Condes, Region Metropolitana, Chile
	7561211

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

C T Corporation Sys	tem	
	Name	=
1200 South Pine Isla	nd Road	
Florida street addres	s (P.O. Box NOT acc	eptable)
Plantation	Florida	33324
City	State	Zip

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Memb	Name and Address: ber
"MGR" = Manager	
AMBR	Medipro Investments LLC Rosario Norte N°555, oficina 2001, comuna de Las Condes,
	Región Metropolitana, Chile 7561211
	-1 22
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	S = -
MGR	Julian Sanchez Diez
	Rosario Norte N°555, oficina 2001, comuna de Las Candes.
	Región Metropolitana, Chile 7561211
	<u> </u>
	<del></del>
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The name and address of each person authorized to manage and control the Limited Liability Company:

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)