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1/19/95

FLORIDA DIVISION OF CORPORATIONS
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((H95000000731))

ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399

FROM: ATLAS, PEARLMAN, TROP & BORKSON, P.A.
200 E LAS OLAS BLVD
NEW RIVER CENTER STE.1900
FT LAUDERDALE FL 33301-

FAX: (904) 922-4000

CONTACT: BEVERLY F BRYAN

PHONE: (305) 463-3173

FAX: (305) 523-1952

((H95000000731))

DOCUMENT TYPE: LIMITED LIABILITY COMPANY

NAME: UNITED MEDICAL MANAGEMENT GROUP, LC

FAX AUDIT NUMBER: H95000000731

CURRENT STATUS: REQUESTED

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ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA

FROM: ATLAS, PEARLMAN, TROP & BORKSON, P.A.
200 E LAS OLAS BLVD
NEW RIVER CENTER STE.1900

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**ARTICLES OF ORGANIZATION
OF
UNITED MEDICAL MANAGEMENT GROUP, L.C.**

These Articles of Organization are made for the purpose of organizing a Florida Limited Liability Company under the Florida Limited Liability Act, Chapter 608, Florida Statutes.

**SECTION 1.
NAME**

The name of this limited liability company is United Medical Management Group, L.C. (the "Company").

**SECTION 2.
DURATION**

The Company shall exist from the date of filing these Articles with the Department of State until the occurrence of any of the events specified in Florida Statute Section 608.441, or the Regulations of the Company, unless continued by the unanimous consent of all of the remaining members.

**SECTION 3.
MAILING ADDRESS AND STREET ADDRESS**

The Company's mailing and street address is 1717 East Commercial Boulevard, Fort Lauderdale, Florida 33334.

**SECTION 4.
REGISTERED AGENT AND OFFICE**

The name of the initial registered agent of the Company is Elliot P. Borkson, Esq. The street address of the initial registered agent of the Company is 200 East Las Olas Boulevard, Suite 1900, Fort Lauderdale, Florida 33301.

**SECTION 5.
ADDITIONAL MEMBERS**

Additional members to the Company may be admitted, but only if a majority of the current members agree to the admission of the additional members and to the terms of admission. Any new member which is approved by the existing members of the

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ELLIOT P. BORKSON, ESQ., FL BAR # 154785
ATLAS, PEARLMAN, TROP & BORKSON, P.A.
200 EAST LAS OLAS BOULEVARD, SUITE 1900
FORT LAUDERDALE, FLORIDA 33301
PHONE NO.: (305) 763-1200

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Company as set forth herein shall become a member of the Company upon payment of the contribution to the capital of the Company as established from time to time by the manager, and upon such member's agreement to comply with these Articles of Organization, the Regulations of the Company and such other applicable laws, regulations, rules or policies of the Company as the manager may from time to time determine in its sole discretion.

SECTION 6. TERMINATION OF MEMBERSHIP

If a member of the Company dies, retires, resigns, is expelled, is dissolved, experiences bankruptcy, or upon the occurrence of any other event which terminates the continued membership of a member in the Company, as set forth in the Regulations of the Company or in Chapter 608, Florida Statutes, the remaining members may, by unanimous written agreement, continue the business of the Company.

SECTION 7. MANAGEMENT OF THE COMPANY

The Company shall be managed by a manager. The Company shall initially be managed by Kenneth Kasslin, whose address is 1717 East Commercial Boulevard, Fort Lauderdale, Florida 33334, who shall serve as manager until the first annual meeting of the members or until their successors are elected and qualify. Thereafter, the Company shall be managed by one (1) manager who shall be elected annually as provided in the Regulations of the Company. Except as authorized by the manager, no member is an agent of the Company, or has the authority to enter into any contract, transaction, or make any commitment on behalf of the Company. The manager is released from any liability for damages and any other monetary relief to the full extent permitted by Section 608.436, Florida Statutes.

SECTION 8. REGULATIONS

The manager shall have the power to adopt, alter, amend, or repeal Regulations of the Company containing provisions for the regulation and management of the affairs of the Company.

SECTION 9. AMENDMENT OF ARTICLES OF ORGANIZATION

Members may adopt, alter, amend or repeal any provision of the Articles of Organization upon the affirmative vote of a majority of the members of the Company, which vote is taken at a duly called meeting of the members or by written consent of a majority of the members of the Company.

JAN-19-1995 09:45 FROM

TO 6555113719090011119049 P.01

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**SECTION 10.
DATE OF EXISTENCE OF THE COMPANY**

The existence of the Company shall commence on the date of filing the Articles of Organization by the Florida Department of State.

The undersigned executed these Articles of Organization effective as of this 18th day of January, 1995.

Elliot Robinson, Authorized Representative
Signature of member or authorized
representative of member

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.607, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY 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: United Medical Management Group, L.C.
2. The name and address of the registered agent and office is:

Elliot P. Borkson, Esq.
Atlas, Pearlman, Trop & Borkson, P.A.
200 East Las Olas Boulevard
Suite 1900
Fort Lauderdale, Florida 33301

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.


(Signature)

January 18, 1995
(Date)

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**AFFIDAVIT OF MEMBERSHIP
AND
CONTRIBUTIONS
OF
LIMITED LIABILITY COMPANY**

The undersigned member or authorized representative of a member of United Medical Management Group, L.C. deposes and says:

1. The above named limited liability company has at least two members;
2. The total amount of cash contributed by the members is \$1000.00.
3. If any, the agreed value of property other than cash contributed by members is \$0; and
4. The total amount of cash or property anticipated to be contributed by members is \$100,000.00. This total includes amounts from 2 and 3 above.

Elbert B. Brown, Authorized Representative
Signature of a member or authorized
representative of a member.

In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit by a member constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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FILE NOW: Fee after May 1, will be \$263.75

APPROVED
AND
FILED

95 MAY 26 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 238.75	Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company **DOCUMENT #L95000000048**

UNITED MEDICAL MANAGEMENT GROUP, L.C.
1717 EAST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33334

1a. Principal Place of Business Address

1717 EAST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33334

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/19/1995	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Zip		65-0571320	
Country		Country		5. Date of Last Report	6. Certificate of Status Desired
					SR-15 Additional Fee Requested <input type="checkbox"/>

7. Name and Address of Current Registered Agent

BORKSON, ELLIOT P ESQ.
200 EAST LAS OLAS BLVD. STE. 1900
FORT LAUDERDALE FL 33301

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 606.416 and 606.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____

(Registered Agent Accepting Appointment) (R011 Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	KASSIN, KENNETH	1717 EAST COMMERCIAL BLVD.	FORT LAUDERDALE FL

000001846430
-05/31/96--01090--009
****263.75 ****263.75

11 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the recorder or trustee empowered to execute this report as required by Chapter 606, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

5-16-96 954-776-1925