

L95000000852

BRYAN CAVE LLP

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245 PARK AVENUE
NEW YORK, NEW YORK 10167-0034
(212) 692-1800
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AFFILIATED OFFICE IN BEIJING

HOPE NUGGET
LEGAL ASSISTANT

(212) 692-1948

October 24, 1995

BY FEDERAL EXPRESS

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Articles of Organization of
Lymphedema Services, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT 25 AM 10:18

Dear Sir or Madam:

I enclose the Articles of Organization of Lymphedema Services, L.C. for filing by the Secretary of State and an attorney's check in the amount of \$285.00 representing the filing fee and the \$35.00 fee to file the Registered Agent Certificate. Please return a certified copy of the Articles of Organization, once filed, in the enclosed self-addressed envelope. Thank you.

Very truly yours,

Hope Nugget

Hope Nugget
Legal Assistant

500001620315
-10/26/95--01013--001
***285.00 ***285.00

Enc.

cc: Conrad E.J. Everhard

R95-3303
Reservation
called for
letter attached.
V.W.

V.W. 11/95

October 30, 1995

Secretary of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Attention: Victoria Whitfield

Re: Lymphedema Services, L.C.

Dear Ms. Whitfield:

We previously reserved the name Lymphedema Services, Inc. We have now decided to form a limited liability company, instead of a corporation, I using the name Lymphedema Services, L.C. As such, we have no further intention of forming a corporation in the state of Florida under the name Lymphedema Services Inc.

Very truly yours,



David Lerner

**ARTICLES OF ORGANIZATION
OF
LYMPHEDEMA SERVICES, L.C.**

The undersigned hereby forms and establishes a limited liability company under the laws of the State of Florida.

ARTICLE I - Name

The name of the limited liability company ("Company") is Lymphedema Services, L.C.

ARTICLE II - Address

The mailing and street address of the principal office of the Company is: Regional Medical Center, 12651 West Sunrise Boulevard, Sunrise, Florida 33322.

ARTICLE III - Duration

The latest date on which the Company shall dissolve is December 31, 2075.

ARTICLE IV - Management

The Company is to be managed by the members. The name and mailing address of the managing member is David B. Lerner, 315 East 65th Street, Apt. 2F, New York, NY, 10021.

ARTICLE V - Additional Members

Additional members may be admitted to the Company pursuant to the terms of the Company's Regulations which provides that additional members may be admitted to the Company with the affirmative vote of a majority in interest of the members. Any additional members admitted to the Company pursuant to that section of the Company's Regulations shall execute an instrument accepting and adopting the terms and provisions of these Articles and the Company's Regulations and shall have caused to be paid all reasonable expenses of the Company in connection with the admission of such additional Member(s). If an additional Member is admitted to the Company pursuant to that section of the Company's Regulations, the Members' Percentage Interests will be diluted pro rata in accordance with their Percentage Interests. In addition, the books and records of the Company shall be amended to reflect the admission of the additional Member.

ARTICLE VI - Members Rights to Continue Business

Upon an event of withdrawal of any member under the terms of the Company's Regulations, the remaining members shall dissolve the business of the Company, unless a majority in interest shall consent to the continuation of the business of the Company.

FILED
SECRETARY OF STATE
95 OCT 25 AM 10:18
Sawgrass

ARTICLE VII - Registered Agent

The name and street address of the Company's initial registered agent in Florida is Keith Lerner, M.D., 4850 West Oakland Park Boulevard, Suite 209, Lauderdale Lakes, Florida, 33313.

ARTICLE VIII - Organizer

The name and address of the organizer is David B. Lerner, 315 East 65th Street, Apt. 2F, New York, NY, 10021.

ARTICLE IX - Purposes

The purposes for which the Company is organized shall be the operation of a clinic to provide or arrange for the provision of ambulatory treatment and/or management of lymphedema and its complications and any other purpose which may be lawfully conducted by a limited liability company organized pursuant to the Florida Limited Liability Act.

ARTICLE X - Operates as Partnership for Tax Purposes

For tax purposes, the Company will be operating as a partnership.

In affirmation thereof, the undersigned, does hereby declare that the facts herein stated are true, and accordingly has signed these Articles this 24 day of October, 1995.

David B. Lerner

David B. Lerner, Organizer

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member of Lymphedema Services, 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 \$50,000.
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ - 0 - .
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$30,000.
- 5) the total amount of 2, 3, and 4 is \$80,000.

David B. Lerner
David B. Lerner

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

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

**PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, 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 **Edumphenema Services, L.C.**
2. The name and street address of the registered agent and office is:

Keith Lerner, M.O.
4850 W. Oakland Park Blvd. Suite 200
Lauderdale Lakes, FL 33313

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATION
95 OCT 25 AM 10:18

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.

Keith Lerner, M.O.
(SIGNATURE)

10/9/95
(DATE)

L95000000852



Lymphedema Services, L.C.
Sawgrass Regional Medical Centre
12651 West Sunrise Blvd., Sunrise, FL 33323

900001680329
-01/05/96--01075--003
*****35.00 *****35.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

Profit
NonProfit
Limited Liability
Domestication
Other

AMENDMENTS

Amendment
Resignation of R.A., Officer/Director
<input checked="" type="checkbox"/> Change of Registered Agent
Dissolution/Withdrawal
Merger

OTHER FILINGS

Annual Report
Fictitious Name
Name Reservation

**REGISTRATION/
QUALIFICATION**

Foreign
Limited Partnership
Reinstatement
Trademark
Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN -5 PM 1:32

TLL JAN 11 1996

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company organized under the laws of the State of FLORIDA, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the limited liability company is: LYMPHEDEMA SERVICES, L.C.

1b. The mailing address of the limited liability company is: LYMPHEDEMA SERVICES, L.C.

SAWGRASS REGIONAL MED. CTR. / 12651 WEST SUNRISE BLVD / SUNRISE, FL 33323

1c. Date of filing/registration in Florida: 10/25/95 Document number: L95000000852

2. The name and address of the current registered agent and office:

KEITH LERNER, M.D.
4850 W. OAKLAND PARK BLVD. SUITE 209
LAUDERDALE LAKES, FL 33313

3. The name and address of the new registered agent and office: (P.O. BOX NOT ACCEPTABLE)

DAVID LERNER
LYMPHEDEMA SERVICES, L.C.
SAWGRASS REGIONAL MED. CTR.
12651 W. SUNRISE BLVD.
SUNRISE, FL 33323

After the change or changes are made, the street address of the registered office and the business office of the registered agent will be identical.

Such change was authorized by affirmative vote of a majority of the members of the limited liability company or as provided in the articles of organization or the regulations of the limited liability company.

David Lerner
(Signature of a member or
authorized representative of a member)

January 2, 1996
(Date)

DAVID LERNER PRESIDENT
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated limited liability company, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

David Lerner
(Signature of Registered Agent)

January 2, 1996
(Date)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1996
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

FILING FEE
\$ 238.75
Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

96-AB FEB -5 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Limited Liability Company
DOCUMENT #L95000000852

LYMPHEDEMA SERVICES, L.C.
SAWGRASS REGIONAL MEDICAL CENTRE
12651 WEST SUNRISE BOULEVARD
SUNRISE FL 33322

1a. Principal Place of Business Address

SAWGRASS REGIONAL MEDICAL CEN
12651 WEST SUNRISE BOULEVARD
SUNRISE FL 33322

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.		10/25/1995	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Country		650619115	
				5. Date of Last Report	6. Certificate of Status Desired
					<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
LERNER, DAVID
SAWGRASS REGIONAL MEDICAL CENTRE
12651 W. SUNRISE BLVD.
SUNRISE FL 33323

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
600001715378
Suite, Apt. #, etc.
-02-15-38-01022-003
****247.50 ****247.50
City
FL
Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, 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) (If SE, Registered Agent signature required when revalidating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	LERNER, DAVID B	315 EAST 65TH STREET, APT. NEW YORK NY SAWGRASS REGIONAL MEDICAL CENTRE 12651 W. SUNRISE BLVD. SUNRISE, FL 33323	

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: David Lerner (DAVID LERNER) 2/2/96 846-7855 (954)