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June 23, 1997

FEDERAL EXPRESS

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re:

VitalCare Latin America, L.C.

****337.50 ****337.50

Dear Sir or Madam:

Enclosed please find an original and one (1) copy of the Articles of Organization for Florida Limited Liability Company and Certificate of Designation of Registered Agent regarding the abovereference. Also enclosed is our check in the amount of \$337.50 for filing of the articles. A selfaddressed return envelope is enclosed for your convenience in the return of the certified copy of the Articles of Organization.

Thank you.

Sincerely,

Legal Assistant

de/

Enclosures

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JN 62 25,97

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OF

VITALCARE LATIN AMERICA, L.C.

ARTICLE I - Name

The name of the Limited Liability Company is:

VITALCARE LATIN AMERICA, L.C.

ARTICLE II Address:

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

10200 N.W. 25th Street Miami, FL 33172

ARTICLE III Duration

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV Management

The Limited Liability Company is to be managed by the members and the name and address of the managing members are:

Ramzi Abulhaj Rick F. Admani Fayzeh Zakaria 10200 N.W. 25th Street Miami, FL 33172



AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of VITALCARE LATIN AMERICA, L.C. deposes and says:

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.
2)	the total amount of cash contributed by the member(s) is \$ 750.00
1)	the above named limited hability company has at least three members

4) the total amount of cash or property anticipated to be contributed by member(s) is \$750.00 ____. This total includes amounts from 2 and 3 above.

Signature of streember or authorized representative of a member (In accordance with station 608 008(3) Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of penuture 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 SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

STATE OF FLORIDA.				
1. The name of the limited liability company is	s:		- -	9
VITALCARE LA	ATIN AMERICA	, L.C.	<u>-</u>	7 Juli
2. The name and address of the registered	d agent and office	is:	•	1 24
c/o Blank Rome 1401 Forur	CMC, Inc. Comisky & McC m Way, Suite 700 Beach, FL 33401	·		11 0 to
Having been named as registered agent and to a liability company at the place designated in registered agent and agree to act in this capace all statutes relating to the proper and complete p accept the obligations of my position as regist	this certificate, I city. I further agre performance of m	hereby accept the appet to comply with the	pointme provisie	ent as ons of
Michael H. Leeds, Vice President	<u> </u>	<u> </u>		
STATE OF FLORIDA } COUNTY OF PALM BEACH }				
I HEREBY CERTIFY that on this day, be aforesaid to take acknowledgments, personally app () or who did furnish for ide Designation and Acceptance as Vice President of BR the purposes therein stated.	peared Michael H. I entification, and who	ceds who is personally acknowledged executing	known the for	to me
	NOTARY PUBLIC Printed Name of No	Elias		day of Scal)