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DIVISION OF CORPORATIONS

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Writers Direct No. (713) 646-1395

December 19, 1997

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

Dear Sir or Madam:

Enclosed are the organizational documents of Miami D.P.M. Regional Group Practice, P.L. for filing with your office and a check for the appropriate fees. Please return the certified copy of the Articles of Organization to me in the enclosed FedEx envelope.

Thank you in advance for your prompt attention to this matter.

Sincerely,

*René R. Patterson*

René R. Patterson  
For Baker & Hostetler, LLP

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Document Examiner	KWM
Updater	KWM
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Acknowledgement	KWM
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1000 LOUISIANA, SUITE 2000 • HOUSTON, TEXAS 77002-5009 • (713) 751-1600 • FAX (713) 751-1717

Writers Direct No. (713) 646-1395

February 3, 1998

Kenny Manning, Corporate Specialist  
Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

Dear Mr. Manning:

Enclosed are the corrected organizational documents of Miami D.P.M. Regional Group Practice, P.L. for filing with your office. Please return the certified copy of the Articles of Organization to me in the enclosed FedEx envelope.

Thank you in advance for your prompt attention to this matter.

Sincerely,



René R. Patterson  
For Baker & Hostetler, LLP



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DIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

December 31, 1997

BAKER & HOSTETLER, LLP  
ATTN: RENE' R. PATTERSON  
1000 LOUISIANA, STE. 2000  
HOUSTON, TX 77002-5009

SUBJECT: MIAMI D.P.M. REGIONAL GROUP PRACTICE, P. L.  
Ref. Number: W97000028974

We have received your document for MIAMI D.P.M. REGIONAL GROUP PRACTICE, P. L. and your check(s) totaling \$337.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the entity's complete mailing address.

The affidavit must set forth the amount of the cash and a description and the agreed value of property other than cash contributed by the members, and the amount anticipated to be contributed by the members.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Kenny Manning  
Corporate Specialist

Letter Number: 297A00061028

**ARTICLES OF ORGANIZATION FOR A  
MIAMI D.P.M. REGIONAL GROUP PRACTICE, P.L.**

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**ARTICLE I**

**Name**

The name of the professional limited liability company is MIAMI D.P.M. REGIONAL GROUP PRACTICE, P.L. (the "Company").

**ARTICLE II**

**Principal Office and Mailing Address**

The principal office of the Company is located at, and its mailing address is, 311 N.E. Eighth Street, #110, Homestead, Florida 33030-4734.

**ARTICLE III**

**Duration**

The period of duration of the Company is perpetual.

**ARTICLE IV**

**Purpose**

The Company is organized for the purpose of rendering professional services and has as its members only other professional limited liability companies, professional corporations or individuals who are duly licensed or otherwise legally authorized to practice podiatric medicine.

**ARTICLE V**

**Management of Company and Initial Managers**

The management of the company shall be vested in the Managers. The names and addresses of the initial Managers are:

Jeffrey R. Murray, D.P.M.  
311 N. E. Eighth Street, #110  
Homestead, Florida 33030-4734

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David K. Cantor, D.P.M.  
13878 N. Kendall Drive  
Miami, Florida 33186-1304

Richard Hochman, D.P.M.  
475 Biltmore Way, #205  
Coral Gables, Florida 33134-5755

Richard A. Weissman, D.P.M.  
2441 S.W. 22nd Street  
Miami, Florida 33145-3409

Douglas M. Beek, D.P.M.  
2441 S.W. 22nd Street  
Miami, Florida 33145-3409

Barry M. Tuval, D.P.M.  
3940 West Flagler Street  
Miami, Florida 33134

#### ARTICLE V

##### Admission of Additional Members

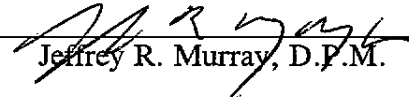
The Board of Managers has the right to admit additional members who are licensed to practice podiatric medicine in the state of Florida. Approval of additional members shall be by majority vote of the Board of Managers.

#### ARTICLE VI

##### Continuation of Company

The remaining members of the Company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on behalf of the Company on the 11<sup>th</sup> day of November, 1997.


By:   
Jeffrey R. Murray, D.P.M.

**Affidavit of Membership and Contributions**

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The undersigned member or authorized representative of a member of Miami D.P.M.  
Regional Group Practice, P.L. certifies:

- 1) the above named limited liability company has at least two members;
- 2) the total amount of cash contributed by the member(s) is \$ 500.00 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0.00 ;  
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 500.00 .

  
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**

(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.)

\_\_\_\_\_  
Jeffrey R. Murray  
**Typed or printed name of signee**

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

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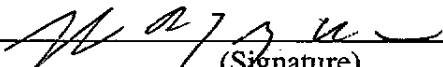
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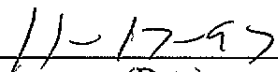
PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Miami Regional Group Practice, P.L.
2. The name and address of the registered agent and office is:

Jeffrey R. Murray, D.P.M:  
311 N.E. Eighth Street, #110  
Homestead, Florida 33030-4734

*Having been named as registered agent and to accept service of process for the above stated professional 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)

  
\_\_\_\_\_  
(Date)