



**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Managed Athletic Testing Services, LLC

**ARTICLE II - Address:**

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

2358 South Ocean Blvd.  
Highland Beach, Florida 33487

**ARTICLE III - Duration:**

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

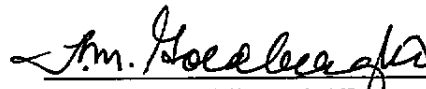
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**ARTICLE IV - Management:**

☒ The Limited Liability Company is to be managed by members and the names and addresses of the members are:

Name: Henry M. Goldberg, M.D.  
Address: 2358 South Ocean Blvd.  
Highland Beach, Florida 33487

Name: Joseph M Bernstein and Henry M Goldberg,  
as Co-Trustees of the NAT GOLDBERG FAMILY  
TRUST u/a/d December 27, 1973  
Address: 780 North Water Street  
Milwaukee, Wisconsin 53202

  
Henry M. Goldberg, M.D.

This instrument was drafted by:  
Charles G. Vogel, Esq.  
Godfrey & Kahn, S.C.  
780 North Water Street  
Milwaukee, Wisconsin 53202

MW2-130644-1

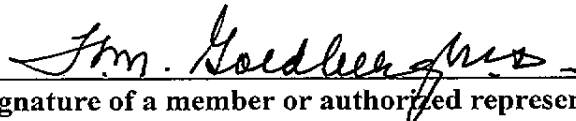
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of the members of Managed Athletic Testing Services, LLC 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
- 3) if any, the agreed value of property other than cash contributed by members  
(If applicable, a description of the property is attached hereto and made a part hereof)
- 4) the amount of cash or property anticipated to be contributed by members  
(This total includes amounts from 2 and 3 above)

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\$4,000  
\$0.00  
\$0.00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Signature of a member or 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 and correct.)

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415, 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:

**Managed Athletic Testing Services, LLC**

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

**Henry M. Goldberg, M.D.**  
(NAME)

**2358 South Ocean Blvd.**  
(P. O. Box NOT ACCEPTABLE)

**Highland Beach, Florida 33487**  
(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.*

  
(SIGNATURE)

April 28, 1998  
(DATE)

**Filing Fee: \$ 35 for Designation of Registered Agent**

**FILED**  
**98 MAY -5 PM 2:45**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**