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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : GREENBERG TRAURIG - PORT LAUDERDALE
Account Number : T20040000196
Phone : (954) 765-0500
Fax Number : (954) 765-1477

*Attn: Brenda
Please give original
submission date*

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

HEALTH PROFESSIONALS ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

*Change of PAs name only
- National Registered Agents, Inc.
qualified under
NRAI Services, Inc.
- See P45-2920
- lalt*

RECEIVED

07 APR - 3 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Sent by: GREENBERG TRAUIG

954 765 1477;

04/03/07 14:10PM; Jettfax #399; Page 2/6

Send Confirmation Report

Line 1: GREENBERG TRAUIG
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ID: 954 765 1477
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04/02/07 2:47PM Page 1

Job	Start time	Usage	Phone Number or ID	Type	Pages	Mode	Status
388	4/ 2 2:45PM	1'32"	025028#102369#010200 #18502050383	Send.....	5/ 5	EC144	Completed.....

Total: 1'32" Pages sent: 5 Pages printed: 0

Division of Corporations

Page 1 of 1

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TO: Division of Corporations
Fax Number: (850) 225-0389

FROM: Account Name: GREENBERG TRAUIG - FORT LAUDERDALE
Account Number: 025047006196
Phone: (854) 765-1477
Fax Number: (854) 765-1477

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

HEALTH PROFESSIONALS ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
HEALTH PROFESSIONALS ASSOCIATES, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
The name of the Registered Agent was incorrectly stated. The correct name of the Registered Agent is as follows:

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

Weston, FL 33331

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: March 30, 2007


Signature of a member or an authorized representative of a member

Otto Campo, Manager

Typed or printed name of signer

Filing Fee: **\$25.00**
Certified Copy: **\$30.00 (optional)**

CR2E062 (08/05)

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DIVISION OF CORPORATIONS
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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.501, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. Health Professionals Associates, LLC

(Name of Foreign Limited Liability Company)

2. DE(Jurisdiction under the law of which foreign limited liability
company is organized)**3. 20-8681991**

(FEI number, if applicable)

4. March 15, 2007

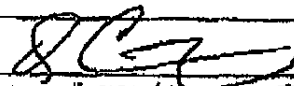
(Date of Organization)

5. Perpetual(Duration: Year limited liability company will cease to
exist or "perpetual")**6.**(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)**7. 475 Biltmore Way, No. 101****Coral Gables, FL 33134**

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒**9. The name and usual business addresses of the managing members or managers are as follows:****Otto Campo, Manager****4960 SW 72nd Avenue****Miami, FL 33155**

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Medical Services
Signature of a member or an authorized representative of a member.(In accordance with section 608.408(3), F.S., the execution of this document constitutes
an affirmation under the penalties of perjury that the facts stated herein are true.)**Otto Campo, Manager**

Typed or printed name of signer

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**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
TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF
FLORIDA.

1. The name of the Limited Liability Company is:

Health Professionals Associates, LLC

2. The name and the Florida street address of the registered agent and office are:

National Registered Agents, Inc.

(Name)

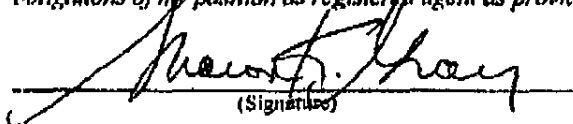
2731 Executive Park Drive, Suite 4

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Weston, FL 33331

City/State/Zip

I 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 as provided for in Chapter 608, Florida Statutes.


(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTH PROFESSIONALS ASSOCIATES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF MARCH, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTH PROFESSIONALS ASSOCIATES, LLC" WAS FORMED ON THE FIFTEENTH DAY OF MARCH, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4318205 8300

070326153



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 5512539

DATE: 03-16-07

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