M07000001664

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To:
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Attn: Brenda
Please give original submission date.

From:
Account Name : GREENBERG TRAURIG - FORT LAUDERDALE
Account Number : I20040000196
Phone : (954)765-0500
Fax Number : (954)765-1477

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HEALTH PROFESSIONALS ASSOCIATES, LLC

Certificate of Status	0
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Page Count	04
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TALLAHASSEE, FLORIDA

Change of RAs name only
- National Registered Agents, Inc.
qualified under
NRAI Services, Inc.
- See P95-2920
- Vlet

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Vlet

Send Confirmation Report

Line 1: GREENBERG TRAURIG ID: 954 765 1477 04/02/07 2:47PM Page 1
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Job	Start time	Usage	Phone Number or ID	Type	Pages	Mode	Status
386	4/ 2 2:45PM	1'32"	025026#102369#010200 #18502050383	Send.....	5/ 5	EC144	Completed.....

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To:
Division of Corporations
Fax Number : (850)205-0585

From:
Account Name : GREENBERG TRAURIG - FORT LAUDERDALE
Account Number : I99047000196
Phone : (954)765-0500
Fax Number : (954)765-1477

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HEALTH PROFESSIONALS ASSOCIATES, LLC

Certificate of Status	0
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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:

FILED
07 APR -2 AM 8:48
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Dated: March 30, 2007

Signature of a member or an authorized representative of a member

Otto Campo, Manager
Typed or printed name of signee

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

CR2E062 (08/05)

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.501, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT 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. 20-8661991
(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 signee

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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

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

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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