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

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

FLORIDA/FOREIGN LIMITED LIABILITY CO.

PALM BEACH HEALTH ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. PALM BEACH HEALTH ASSOCIATES, LLC

(Name of Foreign Limited Liability Company)

2. DE(Jurisdiction under the law of which foreign limited liability
company is organized)3. 20-8662706

(FEL number, if applicable)

4. March 16, 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. 1590 Congress AvenueWest Palm Beach, FL 33406

(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, Manager4960 SW 72nd AvenueMiami, 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 605.409(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:

PALM BEACH HEALTH ASSOCIATES, LLC

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

National Registered Agents, Inc.

(Name)

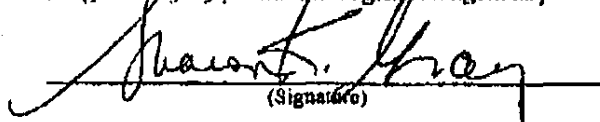
2731 Executive Park Drive, Suite 4

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PALM BEACH HEALTH 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 NINETEENTH DAY OF MARCH, A.D. 2007.

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

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

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TALLAHASSEE, FLORIDA

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Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 5516348

DATE: 03-19-07

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